CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

21 March 1998

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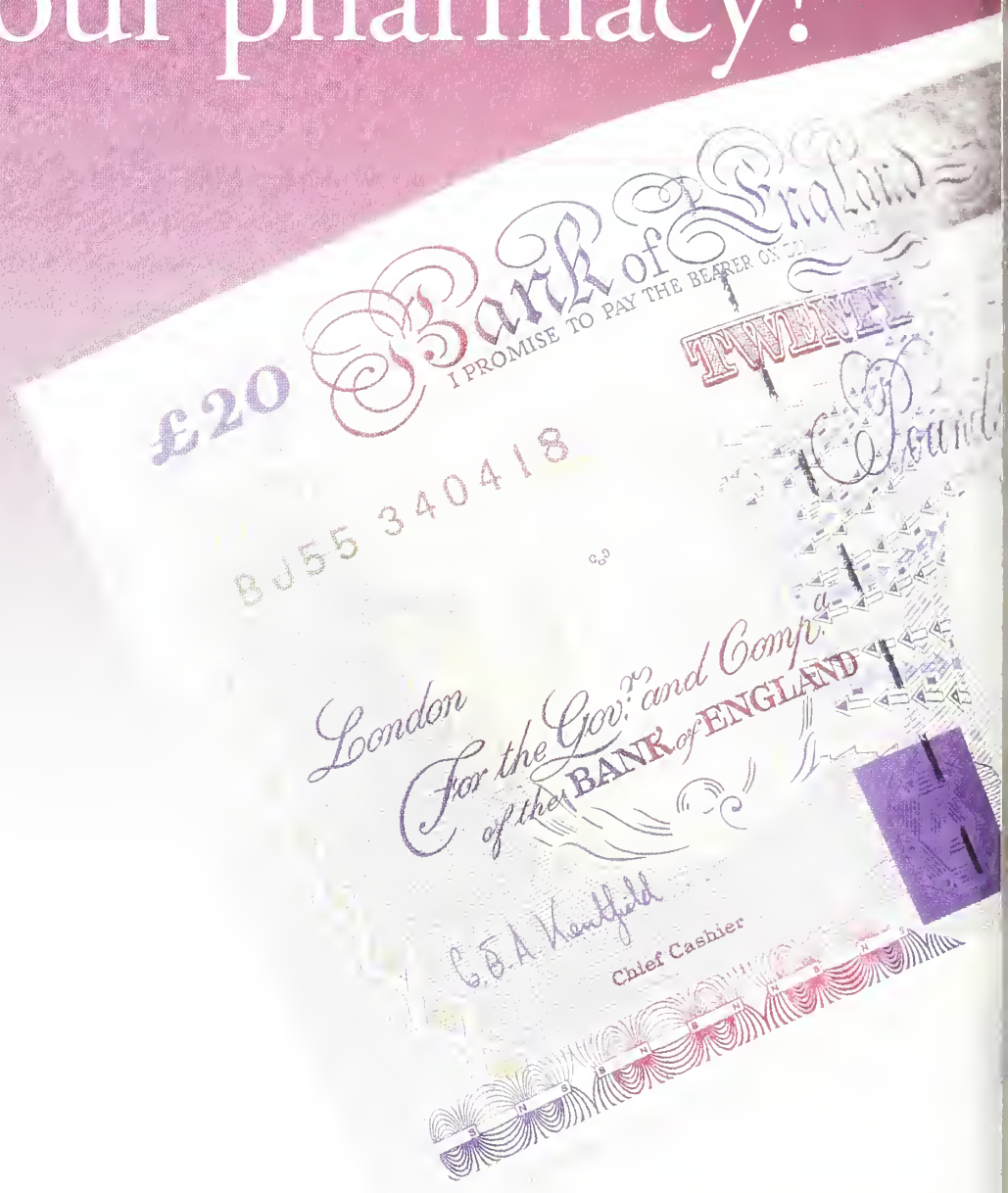

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COMMENT

It's like a recurring nightmare. No sooner has one devilish plot to slash pharmacy numbers been seen off, than another takes its place. Of late this many headed hydra has spawned plans to abolish resale price maintenance on medicines, and push up the discount clawback to crippling levels. Now, the British Association of Pharmaceutical Wholesalers is warning that a proposal to cut the wholesale discount rate from 12.5 to 8 per cent as part of the review of the Pharmaceutical Price Regulation Scheme could have drastic effects on community pharmacists (see p27).

Is the industry in danger of crying 'wolf' once too often? The answer is 'no', because all these threats come from completely different directions. The BAPW does not court publicity, so when it does voice concerns, it usually does so with good cause. It also has reason to feel aggrieved since wholesalers are not party to the PPRS talks. The arithmetic is fairly simple. Wholesalers buy medicines at a 12.5 per cent discount to the list price and, on the evidence of the latest discount inquiry, pass on 8.1 per cent to their pharmacist customers. This gives them a margin of 4.4 per cent within which to make a profit. Cut wholesalers' discounts, and the BAPW promises it will act within days to cut the discount passed on to pharmacists. It will be months before any adjustment is made to the discount clawback, so pharmacists will bear the cost of the transition. But since clawback will eventually fall, there will be no saving to the taxpayer. UK wholesalers have the lowest net margin in Europe. They are also at the bottom of the European profits league. Operating margins are below 2 per cent, and the BAPW says its members have no more costs they can trim. Health care distribution costs are lower than anywhere else in Europe. No wonder the BAPW pleads for government to understand the repercussions of such apparently simple changes.

CHEMIST & DRUGGIST

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by Miller Freeman plc, Sovereign Way, Tonbridge, Kent TN9 1RW
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Fax 01732 361534
E-Mail chemdrug@dotpharmacy.com
Internet site
http://www.dotpharmacy.com/

Subscriptions Home £121 per annum
Overseas & Eire £173 per annum including postage
£2.40 per copy (postage extra)

Circulation and subscription Royal Sovereign House, Beresford Street, London SE18 6BQ Tel 0181 855 7777

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature

Miller Freeman
A United News & Media publication

PDA

ABC
BUSINESS PRESS

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 249 No 6129 138th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

Project manager of the future

The Royal Pharmaceutical Society has appointed Anne Adams as the national co-ordinator for the 'Pharmacy in a New Age' initiative.

As the 'Building the future' project manager, Mrs Adams' main objective will be to co-ordinate a programme of local action designed to achieve the aims of the Council's 'New Age' strategy. She will report to the Society's deputy secretary, Phil Green.

Her responsibilities will include providing practical help and advice to pharmacists about the Council's strategy on ways to develop local action plans, network and overcome barriers. She hopes to have a meeting with the 25 local co-ordinators in May.

She will also act as a resource for local co-ordinators and integrate branch and regional administration activities with the co-ordination of the PIANA programme.

Her experience includes hospital and community pharmacy, and she was a pharmaceutical adviser for South Derbyshire FHSA.

Advice is the best medicine

'Advice is the best medicine' is the theme of a major PR campaign getting underway in Northern Ireland, sponsored by the DHSS.

Advertising on local TV and radio stations is being backed up by the launch of an eight page home health guide written by Belfast pharmacist Dr Terry Maguire and a general practitioner.

The booklet, which encourages patients with minor ailments to go to their pharmacist, covers a range of illnesses.

FPA calls for contraceptive policy to reduce underage conception

The Family Planning Association is calling for a national contraception policy for young people, following the publication of figures showing the highest number of underage conceptions in six years.

The number of conceptions, which has risen for three consecutive years, rose by 11 per cent to 9.4 conceptions per 1,000 girls aged 13-15 in 1996, according to the Office for National Statistics. In 1990, the rate was 10.1 conceptions per 1,000.

Conception rates for teenagers and women in their twenties fell from 1990-95, but rose in 1996. Rates in older women increased throughout this period.

"We urge the speedy implementation of a national policy which will guarantee good information and advice for young people to help them make informed choices," says Anne Weyman, chief executive of the FPA.

The Association believes the pill scare in October 1995 was responsible for making younger women delay taking contraception after becoming sexually active (*C&D* October 28, 1995).

Drug misuse services review

The Royal Pharmaceutical Society wants the government to review the services provided to drug misusers, to make better use of the existing network of pharmacies and to give pharmacists more support for providing these services.

The Society believes a complete overhaul of the legal framework should be addressed by a multidisciplinary group involving the DoH, the Home Office and professional bodies representing pharmacists and doctors.

In the 'Report of the Working Party on Pharmaceutical Services for Drug Misusers', published this week, the Society says the Misuse of Drugs Regulations are so stringent that many prescriptions do not satisfy the legal requirements, which could put pharmacists in conflict with clients. These problems might be reduced if pharmacists and prescribers received shared training on the legal requirements for prescriptions. The regulations relating to instalment dispensing also need urgent review, the report says.

Other recommendations among the 60 listed include:

- pharmacists should have adequate resources to provide services to drug misusers
- health authorities and boards should provide resources to make premises available safe and secure
- pharmacists should be adequately remunerated for specific services such as supervised self-administration
- the Society should formulate a policy on charging for dispensing private prescriptions for CDs
- the Society should issue guidelines for dispensing CDs on private prescriptions
- there should be additional practice guidelines for pharmacists supervising the self-administration of prescribed medicines
- there should be a locally based multidisciplinary teamwork approach to the provision of community pharmacy services to drug misusers, based on local needs assessments
- consideration should be given to pharmacists being able to amend instalment prescriptions after contacting the prescriber
- to aid identification, the colours of the different formulations of methadone mixture should be standardised
- there should be a review of the problems of safe and legal storage and of safe medicine disposal
- the facility of instalment dispensing should be extended to other medicines liable to misuse
- the maximum number of days' treatment on any NHS or private prescription for drug misusers should be 14 days
- pharmacists should receive advice from local crime prevention officers about security
- clients with significant behavioural difficulties should receive services from clinics where extra support is available
- using identity cards for drug misusers should be considered
- pharmacists should be encouraged to set up agreements with their clients, covering legal requirements, arrangements for collection and the expected standard of behaviour.

The report was presented to the Society's Council last week and is now being circulated for discussion.

Closer pharmacist/GP ties in Fife

Fife Health Board is soon to release a consultation paper examining ways to establish a co-ordinated drug misuser service which encourages closer working between pharmacists and GPs.

The Fife Addiction Services consultation paper, to be published in a few weeks time, recommends replacing largely unco-ordinated services from the voluntary and health sectors with a single drug misuser service based in three locations: north-east-, mid- and west-Fife.

A multi-agency group has been looking at the level and quality of service provision in the Fife area since September, prompted by concerns that separate services were not giving drug misusers the best provision possible.

"The main benefit for pharmacists will be the adoption of local contracts between drug misusers, pharmacists and GPs, which will provide a stable base from which to offer services to misusers," says pharmacist Hugh Purves of Cupar, Fife, of the multi-agency group.

"Local contracts could create a greater rapport between GPs and pharmacists. However, ways of financing the scheme and obtaining adequate remuneration have yet to be discussed."

No prescription charges on pill, says Dobson

Health secretary, Frank Dobson, has privately ruled out the threat of applying prescription charges to contraceptives, following the continued worrying rise in teenage pregnancies.

Martyn Jones, the Labour chairman of the Commons all-party group on population, development and reproductive health, has written to MPs saying he has been assured privately by Mr Dobson that contraceptives will remain free.

Mr Dobson has also privately ruled out charging for visits to the GP, and hotel charges in hospitals.

The final outcome of the fundamental review of NHS charges will be announced in the summer.

Medicines monopoly for Hungarian pharmacists

The Hungarian Parliament voted this week in favour of a law restricting medicines sales to pharmacies.

Manufacturers and distributors have been campaigning to allow medicines to be sold in supermarkets and drug stores, arguing that consumers can handle OTC use as well as any other country. But the Hungarian Chamber of Pharmacists and several MPs have lobbied to limit OTC sales exclusively to pharmacies, in the belief that consumers still need to ask a doctor or pharmacist for advice on medicines.

According to *Budapest Business Journal*, some MPs have also argued that expanding sales to supermarkets would cripple the country's 2,050 pharmacies.

Rural health care

The 1997 survey of rural services has found that 79 per cent of rural parishes in England have no pharmacy, while 83 per cent have no GP and 91 per cent have no dentist. Three-quarters of the 9,000 rural parishes surveyed (with populations less than 10,000) had no daily bus service or community transport scheme.

RPM motion

Over 150 MPs have signed the Early Day Motion 643 supporting the retention of resale price maintenance. By last Thursday 154 MPs had signed the EDM, of which 142 are Labour back-benchers.

Drug Alerts

- Metformin tablets 500mg in the livery of APS are being recalled after reports that containers were found to contain 850mg tablets. The affected batches are 6256601, 6256701, 6526801, 7295101, 7295201 and 7295301. The batches were first distributed in February and March 1997. All stocks should be quarantined and returned to supplier for credit. Class 1, issued March 18
- Chauvin is recalling certain batches of Sno Tears Eye Drops 10ml as a precautionary measure after a component failure in the manufacturing process. The batches affected are 712032, 712033 and 801009. Class 2, issued March 12.

Patient records

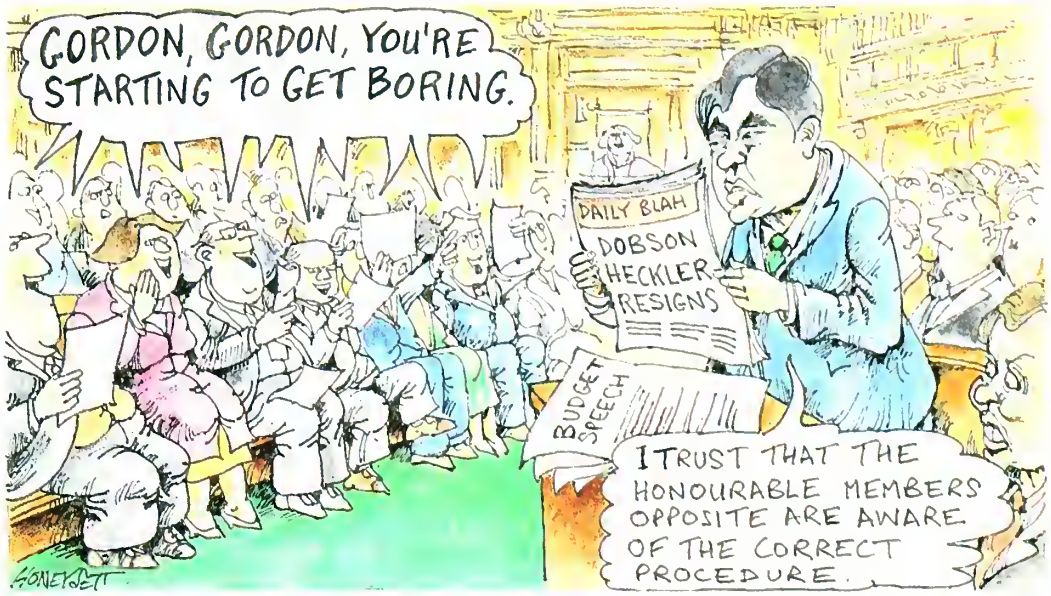
Electronic patient records are proving extremely effective in managing hospital drug bills, according to Datamonitor's new report, 'Revenue opportunities in electronic patient records'. The report explains what EPR is, how it will impact the pharmaceutical industry and what needs to be done to prepare for EPR's impact. For more information call Krishna Rao on 0171 316 0001.

Causes of death

The Office for National Statistics has published 1996 mortality statistics for England and Wales. The four main causes of death were cancer (24 per cent), coronary disease (23 per cent), respiratory disease (16 per cent) and cerebrovascular disease (11 per cent).

Hypericum author

We would like to apologise for incorrectly spelling the name of the author of the article on St John's Wort (last week p22-23). The author was Clare Stevinson.



Knighton Berry, the man who heckled health secretary Frank Dobson at the PSNC dinner earlier this month has resigned from his position as non-executive director of West Sussex Health Authority (*C&D* March 7, p3)

FHSAA interprets the neighbourhood rulings

The FHS Appeals Authority has indicated how it will interpret Justices Tucker and Collins' rulings on what constitutes a neighbourhood for consideration of pharmaceutical services.

In rejecting an appeal by Tesco last week, the FHSAA said that, while it accepted there is no requirement for a neighbourhood to include a residential element, "it did not follow that each and every supermarket should thereby be regarded as a neighbourhood in its own right".

Tesco was appealing against Solihull Health Authority which had refused a contract for its Stratford Road store. It was the fourth application in five years and was made following Mr Justice Collins' 'clarification' of what might constitute a neighbourhood. The Tesco store has a modern housing estate nearby, but is also bordered by a busy main road, the M42 and open fields.

With regard to adequate pharmaceutical service, the Appeals Authority countered the argument that store customers may not be familiar with the area or know where the local pharmacies were. Instead, it said that there was nothing to stop these customers, who would most likely arrive by car, from asking for directions.

Customers may expect to find a pharmacy at the store, "but if the facilities are not actually present, this does not mean that there is an inadequate pharmaceutical service", said the FHSAA. "An adequate service can be provided to and for those who visit the store from premises outside the store." The Appeals Authority added: "Convenience is not the test laid down in the Regulation."

Customers could reasonably be expected to go to one of the existing pharmacies nearby if they needed pharmaceutical services urgently. In non-urgent cases, customers may choose to use other pharmacies more convenient to themselves. "That choice, based on convenience, does not mean that the services are inadequate," said the FHSAA.

Tesco had argued that its Solihull store should be defined as the neighbourhood, because it serves over 20,000 customers a week. This is drawn from the immediate housing and workforce surrounding the site as well as people coming by cars from surrounding areas five to 15 minutes away.

After the appeal was rejected, Local Pharmaceutical Committee secretary Mike Williams applauded the decisions of both Solihull HA and the FHSAA "as a victory for common sense over the desire of large companies to increase their market share at the expense of local services".

Pharmacy in the new NHS: a short call

A conference on pharmacy in the new NHS has been hastily arranged for Thames Region Group Local Pharmaceutical Committees.

Taking place next Sunday, March 29, at the Royal Pharmaceutical Society, the conference will introduce the ideas of the new NHS being proposed by the Government. The second half of the afternoon will provide an open forum to discuss the issues.

The conference has been organised by Hemant Patel. Among the topics to be discussed is the additional £2.5 billion that will be given to the new primary care groups led by GPs and nurses.

Areas to be addressed include: the possibility of the transfer of pharmacy contracts from the health authorities to the new primary care groups; education consortia and regional education development groups; changes in GP services planned from April 1; and how clinical governance may affect pharmacy contractors.

Places are limited to 20 per LPC. Contractors in the Thames Region should contact their LPC secretary to reserve a place.

- The Health Committee of the House of Commons is holding an inquiry into the relationship between health and social services. The committee will meet with social service, health profession bodies and patient groups, but pharmacy representatives are not scheduled to give evidence.

Self-medication pilot

A pharmacist is to implement a self-medication scheme into seven community hospitals in Wales following the success of a scheme at Trevalyn Hospital in Rossett, near Wrexham.

Senior interface services pharmacist Jacqueline Duffin decided to go ahead after attending a training course on self-medication and drug re-usage at the Queen's Medical Centre in Nottingham.

A fortnight ago, 30 staff at the hospital including pharmacists and nurses went on a training day to prepare for the scheme.

Jacqui says: "Self-medication is an important area and people need to look at implementing schemes."

Pharmacists paid for counselling by computer

Practice Resource Systems is introducing a facility that will enable pharmacists to be paid for counselling patients on prescription medicines.

At the same time, Unichem is inviting independent pharmacists to try the PRS Healthplus network for six months, in conjunction with Mediphase.

The first 'counselling suite' being introduced to Healthplus is for Tridestra, the hormone replacement therapy from Sanofi Winthrop. When a patient presents a prescription, the pharmacist can call up relevant information on screen and pass it on verbally or print it out for the patient.

The 'Patient Aid' records what action was taken, for the pharmacist's future reference. The pharmacist has access to full prescribing information if necessary and can also quickly check if a side effect is drug-related.

PRS tells the manufacturer how often the pharmacist has consulted the counselling suite for longer than a predetermined minimum time and collects £2 per consultation, which is passed back to the pharmacist.

Patient information is approved by the Medicines Control Agency and complies with the Association of the British Pharmaceutical Industry's code of practice. As the system is online, the information can be changed instantly, so could be used for drug withdrawals.

Pharmacists who already have the Mediphase system can pay an additional £40 a month for the 'Patient Aid'. A separate deal is available for those using the Park system. The company is hoping to offer another two counselling suites from other companies in the next six weeks and two a month thereafter.

Other Healthplus packages include the Warfarin Manager– for anticoagulant services – and the Diabetes Manager, which can download information collected on the patient's Medisense card.

Unichem and Mediphase are giving independent pharmacy customers the chance to try the Healthplus system which offers consolidated PMR, OTC medicine checking and recording, and provision to receive prescriptions electronically, as well as compliance counselling and diagnostic services.

For £95 a month, the pharmacy receives all the relevant hardware and software for six months. After this time, the pharmacist can pay £135 a month to continue with everything or £95 a month without the PRS input.

- PRS is among a consortium of IT providers which has collaborated with Mitsubishi Electric to develop the Doctors' Companion being launched this month. It will enable trusts, health authorities and GPs to send and receive patient information confidentially using the NHS net.

First 1998/99 pay offer sent to PSNC

A letter relating to the remuneration arrangements for 1998/99 has been sent by the NHS Executive to Pharmaceutical Services Negotiating Committee.

PSNC says that the letter sets out NHSE's "preliminary views", and will be "a starting point for discussions with Department officials". PSNC is hoping a meeting will take place within the next couple of weeks.

Chairman Wally Dove is not prepared to reveal the contents of the letter at this stage. However, he says that PSNC will try to push the DoH to stick to a timetable to have the matter resolved before November, as happened last year.

PSNC has also approved the new provisional clawback scale which will take effect from April 1, and which Mr Dove outlined at the LPC Conference. However, as three discount inquiry reports are outstanding, final figures are not expected to be agreed until July or August.

The three reports are on ranitidine, reverse generic substitution (where branded medicines are supplied against generic prescriptions), and on invoice evidence for drug prices.

Judicial review The date of the judicial review challenging unsupervised dispensing in dispensing doctor practices has been put back a week and should start on July 13.

Medicines Management A preliminary report from PSNC's working group on medicines management will be sent to local pharmaceutical committees. within the next six weeks.

White Paper PSNC has set up a working group to look at the primary care White Paper and to provide advice for LPCs.

LPC Conference A report on the LPC resolutions will be sent out. One resolution that PSNC is not happy to proceed with at this stage is the call for a high profile public relations campaign.

Costs for such a campaign, of a scale similar to the NPA's 'Ask your pharmacist' initiative, could start at £1 million per year. Secretary Stephen Axon said that it would need LPCs to agree to a possible doubling of the PSNC levy to pay for it.

PSNC is aiming to be more transparent, and will in future give more details as to why it is unhappy to go ahead with certain resolutions.

Regional structure PSNC will provide a lead for LPCs in the proposed new regional structure and will be offering further advice to LPCs on how to set up regional groups.

Fraud report PSNC has met with the NHS Executive to discuss the implications of the Fraud Scrutiny report. The DoH is prioritising certain issues, but Mr Dove says that there is a range of issues to be discussed besides pharmacists policing the signing of prescription forms.

PSNC Elections The three ballots for regional representatives saw the following elected to the Committee: East Anglia, Dhiren Ashok Bhatt; NW Thames, Michael Martin Grossman; and West Midlands, Rakesh Kumar Panesar.

Vitamin B6 inquiry

An inquiry into vitamin B6 has been announced by the cross party Agriculture Committee of the House of Commons.

The move follows concern over the way the Ministry of Agriculture Food and Fisheries has proposed restricting availability of vitamin B6. In a statement last week, the Agriculture Committee said that it would welcome evidence on the following:

- the levels of public use of vitamin B6 in dietary supplements, the degree of health risk of high doses and current scientific understanding of possible toxic effects
- the role of government and its agencies, including the proposed Food Standards Agency, in determining the degree of health risk and what action to take
- European Union policy developments on the addition of vitamins and minerals to food and food supplements, in relation to vitamin B6.

The Committee will also hold a one day oral hearing after Easter. Written evidence can be submitted to the Clerk of the Committee, Agriculture Committee, 7 Millbank, London SW1P 3JA.

Alternative therapies

Pharmacist Nina Agravat of Stockwell Pharmacy in Ealing is organising a series of bimonthly seminars for pharmacists wanting to know more about herbal and nutritional products.

She decided to organise the seminars because she saw a number of colleagues looking for training on herbal medicines and believes pharmacists need training to exploit the rapidly growing market.

Anyone interested in attending a course can contact Ms Agravat on 0181 567 0678.

Serious problems with NHS computer codes, says report

A report by the National Audit Office has highlighted serious problems in the NHS Executive's purchase of the copyright of the Read computer codes from their originator.

The NHS Centre for Coding and Classification, set up in 1990 to develop the Codes for use in the hospital and community health sector, has also been criticised for "substantial weaknesses" in its management.

The Codes are not yet in widespread use in the NHS, but are currently being piloted in 12 sites. The Codes are intended to provide a computerised system for recording and sharing details of clinical care.

The NHSE has confirmed that the marketing and distribution rights to the Codes will be opened to competition in March 1999.

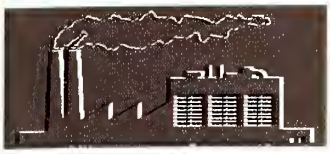
The NAO acknowledges that the NHSE has started to take action to address many of the issues highlighted in its report.

It recommends that the NHS should not employ people to develop or promote goods or services in which they have a financial interest.

The NAO considers it essential to the future development of a clinical coding system that it should meet the NHS' objectives within its overall IT strategy.

The NHSE is advised to carry out rigorous cost benefit analysis before approving any IT project. Since 1990 the NHS Executive has spent some £19m on the running of the Centre.

INDUSTRY VIEWPOINT



Take account of the cost of service

How do you judge your suppliers? It doesn't matter whether the supplier is a manufacturer, a wholesaler, a generics company, or any other suppliers of services to your pharmacy.

One of the key lessons learned over the years by major retailers is that creating appropriate relations with the supply chain is fundamental to their success. The basis of these relationships comes from developing performance measures: not just price, but a whole series of different indicators.

How many pharmacists have calculated the difference between gaining a 1 per cent cost price benefit against a loss of 2 per cent in the level of service that can be offered to a customer?

And what about out-of-stocks? The lifetime spend of a regular customer, if lost by not having the right product when required, more than outweighs the additional 1 per cent profit to be gained on the next 100 customers.

How often do you make comparisons between the service offered by one supplier with another? You don't have to try them all out. Just speaking to colleagues will often give an initial view of their competence.

How often do you compare services from different suppliers?

The major retailers have long ceased 'wars of attrition' with suppliers. They work towards mutual understanding. Have you asked yourself recently whether you see your suppliers as 'the enemy', or potential ally?

Many suppliers have learned that partnership is more rewarding in the long term than attrition. Those suppliers also wish to work with independents in this same way.

Pharmacy has become increasingly sophisticated, but as yet there is little evidence of the same level of understanding of partnerships with suppliers as is enjoyed by major retailers.

Contributed by a senior industry manager.

Topical Reflections

We need an informed alternative message

The increasing interest in complementary therapies was reflected by last week's excellent *C&D* feature entitled 'Complementary Health'. What particularly pleased me was the emphasis on licensed herbal medicines, with a commitment from a number of manufacturers to go down this route in preference to that taken by many in the industry, of marketing alternative medicines transparently disguised as 'food supplements'.

However, if some in the industry have at last seen the error of their ways, then community pharmacists must now reciprocate by offering their customers an informed choice of therapies. Here Boots are way ahead of the field in producing a wide range of well written leaflets informing the public not only of the health benefits but, equally important, encouraging their purchase.

Some manufacturers do produce excellent customer information leaflets, but these only target their own products and there is no conformity of presentation. What I require is a range of leaflets, similar to those available from the multiples, which identifies me as both the source of that information and as the stockist of any relevant products.

As an individual, my resources would be taxed to produce my own range of leaflets. The National Pharmaceutical Association already produces practice information leaflets which can be tailored to individual requirements, and a natural extension of this could be a comprehensive range of product information leaflets overprinted for use by individual pharmacists. They would still not be cheap, but, carefully designed and professionally overprinted, they would quickly repay their cost in increased business.

Alternative medicines are now serious business and must be taken seriously, otherwise, independents will once again lose out to the marketing power of the multiples.

Up for an Oscar?

It is not often that I watch television on a Wednesday morning, but last week I was going to a meeting and turned it on to see if there were any traffic problems. No problems on the roads, but by coincidence I saw the last few minutes of BBC1's 'Really Useful Show' with Michelle Styles, the NPA's head of information services, talking about compliance aids. I was very impressed because she was providing good sound professional advice to potential customers of my pharmacy.

Michelle unashamedly plugged 'your pharmacy' as a source of all the aids she demonstrated, and showed no favour to any particular outlet. It is all too easy to fall into the trap of viewing other pharmacies as pariah competitors: customers see pharmacy as a united profession. The most important message is that the public should use their community pharmacy as the first port of call and this point was emphasised at every opportunity.

The NPA must be congratulated on developing its links with the 'Really Useful Show' and if Michelle's performance reflects the level of competence from other contributors, then pharmacy is being well served.

Perhaps all PR is good PR

I can sympathise with the Royal Pharmaceutical Society's desire to prosecute a West London restaurant for the use of the restricted title 'Pharmacy' (*C&D* March 14, p6). It seems, though, that now the publicity element may actually be working to the advantage of the Society, it might be advised to let sleeping dogs lie.

In the Friday *Guardian* 'Space' magazine (February 27), there was an article by Jonathan Glancey headlined 'Pharmacy's uncool, didn't you know?' It seems that fashion moves at breakneck speed, and even before Lambeth's agonising decision had been made public, the previously in vogue 'Pharmacy' restaurant had fallen out of favour with those at the forefront of defining what is 'in'.

But out of favour does not necessarily portend disaster, and the future of the 'Pharmacy' restaurant will now be judged on its culinary rather than its fashionable superiority!

Meanwhile, all this publicity can only be good for the pharmacy profession, because none of it has been derogatory. On the contrary, it has demonstrated that the word 'pharmacy' is at last being accepted among the discerning public for its true meaning.

PRESCRIPTION BRIEFS

Univer transfer

RPR is transferring the ownership of Univer capsules (verapamil) 120mg, 180mg and 240mg to Elan Pharma from March 23.
Elan Pharma. Tel: 01703 620500.

Totamol new shape

Totamol atenolol 25 mg and 50mg tablets are now smaller in size and have a new shape. In a month's time Totamol will be repacked from 2x14 tablet blister strips to a single 1x28 strip.
CP Pharmaceuticals. Tel: 01978 661261.

Intron A solution

All vials of Intron A solution are to be replaced by a single 2.5ml multidose vial containing 10miu/ml of interferon alfa-2b (basic NHS price £141.30). Intron A solution will also be available in the new pre-filled multi-dose injection pens.
Schering-Plough. Tel: 01707 363636.

Zamadol adds ampoules

Zamadol (tramadol) now comes in 100mg ampoules (pack of five, basic NHS price £6.18).
Asts Medica. Tel: 01223 423434.

Data sheet change

The MCA has requested that the data sheets for all HRT products should provide a consistent set of warnings on the risks of venous thromboembolism. The contraindications for Tridestra and Dermestril have been amended to include 'active deep vein thrombosis, thromboembolic disorders or a history of confirmed thromboembolism'.
Sanofi. Tel: 01483 505515.

Parkinson's awareness

Parkinson's Awareness Week (April 18-26) will be taking the theme of 'Expressions – understanding the language of Parkinson's'. Further details from:
Parkinson's Disease Society. Tel: 0171 383 3513.

Novartis links with WellBeing

Novartis has teamed up with the charity WellBeing to launch Life Times, a patient club for women on HRT. Life Times packs are available free to health care professionals from:
Novartis. Tel: 01276 692255.

Passive smoking remains a health risk, says major government report

Passive smoking remains a major risk to the health of both adults and children despite recent reports to the contrary, says a new government report.

The report by the Scientific Committee on Tobacco and Health rejected evidence from the Tobacco Manufacturers' Association which shed doubt on the dangers of environmental smoke. Instead it reaffirmed that long-term exposure to tobacco smoke, both active and passive, did cause lung cancer and other serious respiratory diseases.

The risk to child health was also highlighted. Parents who smoke doubled the risk of sudden infant death in their children and contributed to a more than 50 per cent increase in the risk of serious respiratory diseases in infancy.

The report, published on 'No Smoking' Day (March 11), is the UK's first major review of tobacco and health for 10 years.

Some of the 37 recommendations made include:

- smoking cessation interventions by health care professionals are worthwhile and should be encouraged
- consideration should be given to increasing the availability of nicotine replacement therapy products over the counter and on prescription
- more trials are needed to establish the safety and efficacy of using NRT in pregnant women and long-term use in the public
- health education should focus on the dangers of passive smoking in the home, particularly in relation to children, foetal development and cot death
- smoking in public places should be restricted
- all forms of tobacco advertising, promotion and sponsorship should be banned.

Professor Richard Peto, a member of the scientific committee which compiled the report, said: "Half of all active smokers are killed by the habit unless they are able to quit, but so many UK smokers have now managed to stop that tobacco deaths before age 70 have halved from 80,000 in 1965 to 40,000 in 1995."

Smoking is the single most avoidable cause of chronic ill health, and avoiding it could prevent a third of UK cancer deaths. Earlier this week reports emerged that tobacco firm Gallaher, which makes Benson & Hedges and Silk Cut, found evidence linking smoking to lung cancer as long ago as 1970.

- Chief medical officer Sir Kenneth Calman said there was no scientific evidence to show that measles, mumps and rubella vaccines given separately were safer that the established MMR combined vaccine. An independent group of experts under the guidance of the Medical Research Council will be meeting on March 23 to discuss the vaccine.

Cystagon: 'orphan' drug finds home in the UK

Cystagon has become the first 'orphan' drug to be reviewed by the European Medicines Evaluation Agency and has now been launched in the UK.

Cystagon (cysteamine bitartrate) is for the treatment of nephropathic cystinosis, a rare genetic disorder that usually results in fatal kidney failure by the age of ten in affected children. Cystagon works by reducing cystine accumulation in leukocytes, and muscle and liver cells. The disease currently affects 120 children in the UK.

Cystagon and other drugs used to treat rare diseases are termed 'orphan' drugs because most pharmaceutical companies have no financial interest in developing them. However, these drugs are now being discussed under new EU legislation and it is hoped that this will encourage the development of new treatments for rare diseases.

Cystagon has been developed by Orphan Europe (UK) which specialises in providing drugs for rare diseases.
Orphan Europe (UK) Ltd.
Tel: 01491 414333.

Study sheds doubts on benefits of aspirin in pre-eclampsia

Low-dose aspirin does not reduce the incidence of pre-eclampsia significantly in high risk pregnant women, according to a study in the *New England Journal of Medicine*.

Prophylaxis with low-dose aspirin has been used to manage pre-eclampsia by correcting the imbalance between vasodilating and vasoconstricting prostaglandins thought to be responsible for the associated coagulation abnormalities.

A double-blind randomised, placebo-controlled trial looked at four groups of women at high risk of pre-eclampsia. They had:

- pregestational insulin-treated *diabetes mellitus*
- chronic hypertension
- multifoetal gestation
- pre-eclampsia during a previous pregnancy.

Incidence of pre-eclampsia was similar between the test group and the placebo group at around 19 per cent. The incidence for treatment and placebo in the four risk groups was also similar.

Aspirin was not found to significantly reduce the incidence of perinatal death. Although the incidence of preterm birth was reduced from 18.6 per cent to 17.5 per cent with aspirin, the researchers were doubtful of its clinical importance.

In other trials into antiplatelet therapy, a disparity in the incidence of pre-eclampsia was evident between small samples of less than 200 women and larger samples. An 82 per cent reduction in incidence in small trials was noted compared to 9 per cent in large trials.

Publication bias may explain this as small trials with positive findings are more likely to be submitted than small trials with ambiguous results.

However, when large and small trials are combined, aspirin was found to reduce the incidence of pre-eclampsia by 13 per cent, a result the authors consider significant but not clinically important.

Flying high.

Sales have really soared.

(20.5% year on year growth)*

Dove Bar is really on a high. In 1997 Dove achieved a 20.5% year on year growth, leaving the rest of the market standing. Quite simply, consumers like the fact that Dove won't dry your skin like soap can.

What's more, they are prepared to pay a premium price to enjoy Dove's unique properties.

Which, in turn, adds greater value to the Personal Wash Category. So, to keep Dove flying high, heavy media support is planned throughout 1998 - around £4 million (MMS) in press and TV advertising.

All the more reason for you to stock up generously and watch your profits soar!

ELIDA FABERGÉ

LONDON

*Source: IRI Infoscan 52 w/e 28 Dec 1997

COUNTERpoints

Cold sore launch

Seton Healthcare hopes to expand the cold sore market with the launch of Virasorb Cold Sore Cream.

The cream, which contains 5 per cent w/w aciclovir, is anticipated to encourage people to trade up from the traditional 'non-aciclovir' cold sore remedies.

Each 2g tube retails at £3.95.

Seton Healthcare Group Plc. Tel: 0161 654 3000.

Antibacterial dry cleaning for hands

Purity Laboratories will be launching a new antibacterial hand gel in May.

Clean Touch is designed to cleanse and freshen hands without soap and water, and to supplement routine hand washing.

Suitable for travelling and outdoor use, the lemon fragranced product is formulated to dry in 15 seconds, avoiding the need for soap, water or towels.

The manufacturers claim that the product 'kills 99.9 per cent of known germs'.

It comes in two bottle sizes which retail at £1.99 (60ml) and £3.49 (250ml).

The launch will be supported by TV, press and poster advertising plus in-store sampling.

Purity Laboratories. Tel: 0181 563 8887.

Full Marks lays off the alcohol

Full Marks is now available in a non-alcoholic water-based emulsion in addition to the existing lotion.

Full Marks Liquid, which contains phenothrin 0.2 per cent w/w, is particularly suitable for young children and those who have asthma or sensitive skin. It can be used to combat head lice as part of the local policy.

The packs carry easy-to-follow instructions to help ensure correct application. Two sizes are available: 50ml retailing at £3.59 and 200ml retailing at £8.99.

Seton Healthcare Group Plc. Tel: 0161 654 3000.

A nutritional supplement for eyes

Wassen International is launching a new one-a-day nutritional supplement to help keep eyes healthy.

Visio-Ace has been developed to help exert a protective effect against harmful free radicals, which can form in the lens of the eye and contribute to the development of problems.

The supplement contains the antioxidant nutrients selenium, vitamins C, E and beta carotene combined with bilberry.

Retail price is £4.45 for a pack (30 tablets). Trade price is £15.15 for 6 x 30.

Wassen International Ltd. Tel: 01372 379828.

Interactive homoeopathy remedies

Ainsworths Homoeopathic Pharmacy has introduced its first over the counter range of homoeopathic remedies, complete with an interactive consultation computer programme.

The range consists of 33 remedies, all of 30c potency (120 tablets, retail £4.50). A portable first aid kit (£22), containing 10 common remedies, has also been produced together with an accompanying consumer leaflet.

To help selection and encourage professional use of homoeopathic remedies, Ainsworths has designed an interactive computer programme for use by pharmacy staff or consumers themselves.

It covers 35 common complaints and gives a print-out of the recommended remedies, headed by the pharmacy's address. The free programme can run on Windows 95.

An on-shelf merchandising unit has been produced for the range.

Ainsworths Homoeopathic Pharmacy. Tel: 0171 935 5330.

Putting fizz into Sanatogen Gold

Roche Consumer Health is launching an effervescent version of its Sanatogen Gold multivitamin and multimineral supplement.

Sanatogen Gold Effervescent is aimed at consumers who find it hard to swallow tablets.

The product contains 31 nutrients in a refreshing orange flavoured drink.

Available in a 15 tablet tube, it retails at £4.25.

Roche Consumer Health. Tel: 01707 366000.

Merchandising boost for hay fever

Weleda is promoting its homoeopathy hay fever remedies with a new merchandising unit.

The compact unit holds nine remedies – Mixed Pollen, Allium cepa, Euphrasia, Arsen alb, Gelsemium, Nat mur, Nux vom, Pulsatilla and Silica.

It comes with a matching dispenser for the new Weleda leaflet detailing typical hay fever symptoms.

The full hay fever parcel (with a total of 30 packs, normally costing £51) is on offer this spring at £43.38, which includes the new unit, leaflets and a poster.

Weleda (UK) Ltd. 0115 9448222.

Allergan lifts the lid on a new contact lens case

Allergan will be phasing in an improved lens case for Oxysept 1-Step over the next few months.

The new lens case incorporates a Gore-tex membrane in the lid. This allows oxygen and moisture produced during neutralisation to escape from the lens case while preventing leakage during travel.

The waterproofing qualities of Gore-tex help to act as a barrier between the case and harmful microbes.

The case comes with all packs of Oxysept 1-Step and will be introduced via an instruction leaflet and an on-pack sticker.

Allergan Ltd. Tel: 01494 444722.

Boy's own brand from Yardley

Yardley is launching a male version of its So ...? teenage girls' brand, marketed by its Bond Street Perfumery division.

Aimed at young men, the So ... For Him range includes two sizes of aftershave splash, moisturising shower gel, and deodorant spray.

Retail prices range from £3.00 for the moisturising shower gel (200ml) and deodorant body spray (150ml), to £10.00 for aftershave splash (100ml).

The launch will be supported by a £1 million advertising campaign in youth magazines such as *Loaded*, *Sky* and *NME*.

Bond Street Perfumery Tel: 01268 522711.

This summer follow the sun

Zirtek gives fast and powerful relief of hayfever symptoms[1]

Zirtek is [illegible] significantly more [illegible] and provides fast and effective [illegible] hayfever symptoms.

Zirtek has a broad safety profile[2,3]

Zirtek is a selective H [illegible] effects on other rece[illegible] drowsiness [illegible] significant [illegible]

Zirtek has [illegible] even after [illegible] have ceased [illegible]

Zirtek
cetirizine

Help your hayfever patients be themselves

SCRIBING INFORMATION: Each white, oblong, scored, film-coated tablet engraved contains 10 mg cetirizine dihydrochloride. **USES:** Treatment of seasonal and perennial tis and chronic idiopathic urticaria. **DOSAGE AND ADMINISTRATION:** Adults and ren aged 12 years and over: One 10 mg tablet daily. In renal insufficiency halve the dose to (1/2 tablet) daily. **CONTRAINDICATIONS:** Hypersensitivity to constituents. Avoid use egnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly ving or operating machinery. **DRUG INTERACTIONS:** To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported. **PACKING, PRICE:** Pack of 7 tablets = £4.25. **LEGAL CATEGORY:** P. **PRODUCT LICENCE NUMBER:** 5221/0001 **PRODUCT LICENCE HOLDER:** UCB SA Pharmaceutical Sector, Avenue Louise, B-1050 Brussels, Belgium. **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD1 1D. **DATE OF PREPARATION:** February 1998 UCB-Z-98-23

References: 1- Day JH et al. Ann Allergy Asthma Immunol 1997; 79: 163-72 2- Snyder S et al. Annals of Allergy 1987; 59: 4-8 3- Linquist et al. The Lancet 1997; vol 349:1322 4- Passalacqua et al. EACCI Position Paper. Allergy 1996; 51 Suppl: 7-12.

UCB Pharma

For further information please contact: UCB Pharma Limited, Star House, 69 Clarendon Road, Watford, Herts, WD1 1DJ Telephone: (01923) 211811 Fax: (01923) 22[illegible]

Body washing the Oil of Ulay way

Oil of Ulay hopes to change women's washing habits with the introduction of its new Moisturising Body Wash in June.

The body wash system contains 75 per cent Ulay moisturiser and is intended to clean and soften skin at the same time, removing the need to apply a body lotion.

A small dab of the body wash is applied to a net puff which is then worked onto the body. The puff, which comes with each starter pack, is quick-drying and lasts about six months.

Oil of Ulay Moisturising Body Wash has already been on trial in Plymouth where it became brand leader within eight weeks of launch, contributing to the 50 per cent growth of the shower gel market.

Oil of Ulay Moisturising Body Wash system starter kit (200ml bottle with puff), a stand alone 300ml bottle and a Moisturising Bathfoam 300ml all retail at £3.49 each. Advertising will support the products.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd. Tel: 01932 896000.

SR introduces virility in a bottle

SR Cosmetics (UK) is launching a French men's fragrance in the UK this spring.

Created by Didier Calvo for Uomo Parfums of Cannes, the fragrance comes in a distinctive glass bottle in the form of a Greco-Roman torso. The bottle is designed to convey a sensual, virile image of its contents.

The fragrance combines frankincense and sandalwood with the woody tones of dalmation sage, juniper berries and cistus. Its fruity notes of lemon, bergamot, mandarin and orange are enriched by moss, vanilla and amber.

Elegantly boxed, the glass bottle is finished with a satin silver surface which protects the contents from light.

Fitted with a natural spray top, the two sizes of edt retail at £29.95 (50ml) and £39.95 (100ml). A miniature is also available for £9.95 (5ml).

SR Cosmetics (UK) Ltd. Tel: 01753 681892.

Nivea will smooth the way for bare legs

Beiersdorf UK will be launching an aftershave cream into its Nivea Body range in April.

Designed to soothe skin after hair removal, Nivea Body Soothing After Shave Creme is formulated to prevent irritated skin and red pimples caused by in-grown hairs.

The pH neutral product contains panthenol to soothe and calm irritated skin and aloe vera to smooth and rehydrate.

The cream is ideal for use on the legs and underarms. Retail price is £3.25 for a 125ml tube. The launch will be backed by a £2 million advertising campaign.

Beiersdorf UK Ltd. Tel: 01908 211444.

Leichner collection reaches for the stars

Network Health & Beauty is launching a new summer colour collection for lips and nail products in the Leichner range.

Solar System lipsticks will come in Meteorite Pink, Planet Lilac, Solar Gold and Moonbeam – a bubblegum pink.

New shades in Solar System nail gloss are Lunar Lilac, Pink Eclipse, Solar Dust and Moonglow – a candy pink. All the nail shades glitter with silver flecks.

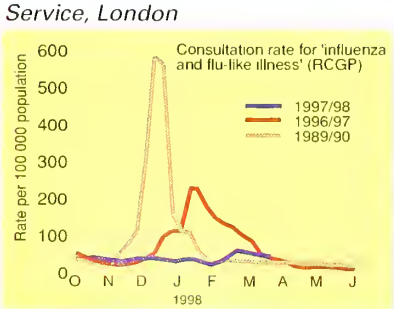
Special introductory retail prices are £2.25 for lipsticks (normal rsp £3.25) and £1.95 for nail gloss (normal rsp £2.75).

Network Health & Beauty. Tel: 01252 533349.

Flu Monitor

PHLS

Information updated weekly by the Public Health Laboratory Service, London



Flu-like illness falls back below baseline levels

Consultation rates for flu and flu-like illness have continued to fall across the country. The chances of a late burst of activity are now remote, making the 1997-98 cough and cold season one of most uneventful in recent years.

In the sentinel scheme operating in England the consultation rate for new episodes of flu-like illness was 48 per 100,000 for the week ending March 8, down from 54 per 100,000 in week 9. This is just below the range of baseline activity. Rates in children under 5 (68 per 100,000) have also fallen, but continue to be the highest of all the age groups. In Scotland consultation rates have fallen back from 117 to 104 per 100,000 for the week ending March 5. In the Welsh sentinel scheme consultation rates have halved from 14.7 to 6.3 per 100,000 for the week ending March 11, which is below the baseline level of activity.

Laboratory reports of influenza A infection numbered 62 in the week ending March 11, compared to 64 the week before. In Europe many countries reported moderate activity at the end February and the beginning of March, but this is starting to tail off. Flu activity is also continuing to decline in the US.

Data from the PHLS (Communicable Disease Surveillance Centre, Virus Reference Division, CDSC Welsh Unit), the RCGP and Scottish Centre for Infection and Environmental Health

ON TV NEXT WEEK

Clearblue Home Pregnancy Test: G, C, LWT, CAR, C4, Sat

Imodium: All areas

Listerine antiseptic mouthwash: GTV, STV, G, A, M, ITV, Sat

Macleans total clean toothpaste: GMTV, STV, B, C, A, HTV, W, M, LWT, TT, Sat

Nurofen: All areas except U & Sat

Otex: C4, LWT

Oxy: All areas except U, LWT, CAR, GMTV

Pearl Drops: C4, C5, CTV, W, LWT, GMTV, TSW, Sat

Propain: All areas except GTV, U, CTV, W, CAR, TSW

Slim Fast: All areas

Solpadeine: STV, C, HTV, CTV, M

Vicks New Vaposyrup: GTV, STV

Wella Experience: Sat

Wella Shock Waves: Sat

Wilkinson Sword FX Performer: GTV, U, STV, Y, C, A, M, LWT, TT, C4, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TSW** TV South West, **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

WE'RE NOT TALKING TO YOU.

So, who are we talking to? The under 19's actually, so there!
Our pre-Christmas launch of Fetish was the most advertised girl's fragance on TV.
And, in April '98, Insignia will be launched
with the highest ever spend of its kind. Now we're talking.

Dana UK Ltd. Telephone 0181-607 6500.

Are other

PRODUCT INFORMATION: NUROFEN ADVANCE. Tablet containing: 342 mg of ibuproten lysine (equivalent to 200 mg ibuproten) **Also contains:** Povidone, Microcrystalline Cellu Magnesium Stearate, Hydroxypropylmethylcellulose, Hydroxypropyl Cellulose, Titanium Dioxide (E171) **Indication:** For the relief of mild to moderate pain, including headache, rheumati muscular pain, backache, neuralgia, migraine, dental pain, dysmenorrhoea, feverishness, symptoms of cold and influenza **Dosage:** In Adults and Children 12 years of age and older – Initial 2 tablets with water followed by 1 or 2 tablets every 4 hours if necessary. Do not take more than six tablets per day. **Precautions and Warnings:** History of hypersensitivity to any compon this product or to any non-steroidal antiinflammatory drug. Cross reactions may occur with this drug class. Active gastrointestinal ulcer. Children under 12 years. Precautions: patients w instructed to consult their doctor if symptoms persist for more than three days. Patients should seek medical advice if pain or fever worsen, or new symptoms occur. Use Nurofen Advanc caution in patients with asthma or a history of asthma. Side effects: the following, although not exhaustive may occur with Nuroten Advance/or ibuproten. Common (>1%): dizziness, epigastric fatigue, headache, dyspepsia, diarrhoea, nausea, rash. Less common (0.01-1%): allergic reactions (swelling, hives), rhinitis, GI bleeding, peptic ulcer, insomnia, visual disturbances, h

CROOKES HEALTHCARE

analgesics to speed?

New Nurofen Advance contains ibuprofen lysine. A number of studies have each shown that ibuprofen lysine gets to work significantly faster than solid dose forms of aspirin,[1] paracetamol[2] and even standard ibuprofen.[3,4]

This makes Nurofen Advance a unique, fast acting analgesic designed specifically for people who specify speed as their priority for analgesic choice.

Nurofen Advance delivers Nurofen's trusted pain relief with the additional benefit of lysine to speed up absorption. So when customers need speed of relief to get on with their lives, recommend Nurofen Advance.

new

aster by Design

es. Rare (<0.1%) oedema, leucopenia, thrombocytopenia, aseptic meningitis (usually in patients with a
ions, liver function abnormalities, depression, renal dysfunction. Nurofen Advance like ibuprofen acid may
le inhibition of platelet aggregation. **Product Licence Number.** PL 13249/0001 **Licence holder.** Johnson & Johnson MSD
Pharmaceuticals HP10 9UF **Manufactured by:** Merck Manufacturing division NE23 9JU **Legal Category:** P **Price:**
dvance 10's £1.65, 20's £2.89, 40's £5.45 **Date:** November 1997 **References.** 1 Source: Nelson SL, Brahim JS, Kort
1994;**16**:458-465. 2 Mehlisch DR, Jasper RD, Brown P *et al.* Clin Ther 1995;**17**:852-860. 3 Hummel T, Huber H, Kobal G
ogy Communications 1995;**5**:101-108. 4 Cooper SA, Reynolds DC, Gallegos LT *et al.* Clin Pharmacol and Ther 1994
d Data on file, Boots Healthcare International. 5 Data on file, Boots Healthcare International. Report No. NU 5003

Nivea brings out the flavon

Beiersdorf has added a new ingredient to its sensitive skin sun care range.

UV Flavon is derived from rutin, a natural pigment of plants which protects them against the sun. When added to sun care preparations, UV Flavon acts as an antioxidant, helping to activate the skin's own protection mechanism against harmful free radicals. This makes it particularly suitable to sun-sensitive skin. UV Flavon is awaiting a patent.

The sensitive skin range has been repacked to reflect the new ingredient.

In addition, Beiersdorf has introduced an SPF 20 variant to the Nivea Sun Face range and has repacked the entire sun care range to give clearer usage instruction and easy to understand SPF classification.

Other recent additions include child sun lotion SPF 30 in 200ml bottles and tropical sun lotion in SPF 5.

Beiersdorf is supporting the sun care range this year with a £100 off holiday offer, with two purchases from its range. There will also be consumer press advertising.

Beiersdorf UK Ltd.
Tel: 01908 211444.

Wacky campaign for Daktarin

Johnson & Johnson MSD Consumer will be supporting its Pharmacy-only Daktarin treatment for fungal skin infections with a £2 million TV advertising campaign from May 18.

Running throughout the summer, the 'bugs' TV campaign features the voice of Lenny Henry.

It will be supported by 'wacky' press advertising in sporting titles and men's magazines.

New PoS materials for pharmacists include a symptom specifier card and a new leaflet on common skin infections.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.

Kodak is boxing clever with new D&P service

Kodak is launching a new D&P service at the beginning of April.

Kodak Photo Service Plus will return photos in a sturdy transparent box. An index print, which is visible through the box, accompanies the pictures so that the film's contents can be seen at a glance.

The retail price of the service is £4.99 for 4in boxed prints (£1 more than the standard Kodak Photo Service with 4in wallet prints).

The launch will be supported by a £3 million campaign which includes TV and press advertising.

A range of PoS material is available, including a counter display and samples, window displays, wall posters, A boards and flags.

From May, special carrier bags will be available with a 50p coupon off 4in or 5in Kodak Photo Service Plus film processing orders and a '£1 off all second sets' offer.

Kodak Ltd.
Tel: 01442 261122.

Radox gives men a Kick Start

Sara Lee Household & Bodycare is launching three new shower gel variants for men in its Radox Showerfresh range.

The new products are being introduced in response to the male preference for showers.

Radox Kick Start is designed for use in the morning, Radox Muscle Rub is a revitalising formula to revive and refresh, and Radox Max is a shower gel, shampoo and conditioner in one.

Packaging features the brand's hook style bottle and non-drip cap. Retail price is £1.99 (250ml).

● The company will also add a new Milk Balm to its Radox Herbal Bath range in April.

In addition to the Radox blend of 13 herbs and minerals, the product includes milk protein and extra moisturisers. It will retail at £1.99 (500ml).

Sara Lee Household and Bodycare.
Tel: 01753 523971.

Colgate dreams up spring campaign

Colgate-Palmolive is launching a marketing drive for its Colgate Sensation toothpaste and toothbrush range.

The brand's commercial which puts across the message that 'nothing feels like Colgate Sensation Deep Clean' is back on TV in April.

A press campaign will run in April editions of key consumer titles. Readers will be invited to collect two proofs of purchase from packs which can be exchanged for a 'two-for-the-price-of-one' voucher for an activity adventure. The magazines will also carry money-off vouchers for Colgate Sensation toothbrushes.

Consumers are being offered the chance to win a day out in a regional radio promotion which will run until mid-May.

Colgate-Palmolive (UK).
Tel: 01483 302222.

Cow & Gate eats its heart out

Cow & Gate is relaunching its Olvarit range of premium baby meals.

The new packaging features a heart-shaped design, and is designed to focus mothers' attention on the emotional reward of feeding.

Recipe names have been chosen to reflect the product's quality positioning – Cauliflower Gratin takes the place of Cauliflower Cheese and Primavera Chicken replaces Peas and Carrots with Country Chicken.

All baby meals in the range will feature a restaurant-style descriptor to reflect the feel of the product inside.

The relaunch will be supported by a £1.5m marketing campaign in the coming months. A new style TV commercial will be on air in July.

Cow & Gate Ltd.
Tel: 01225 768381.

In just 15 minutes, customers will be relieved you recommended it.

New Benadryl Allergy Relief (acrivastine) is active in just 15 minutes. Clinical studies confirm that no non-drowsy antihistamine tablet works as fast as Benadryl. Also Benadryl is well tolerated and has an excellent safety profile. Supported by a massive £2.5 million marketing campaign, including national TV and posters, you'll be relieved to know Benadryl will sell as fast as it works.

NO NON-DROWSY ALLERGY TABLET WORKS AS FAST

n: Capsules containing 8mg Acrivastine. **Uses**: symptomatic relief of allergic rhinitis, including hayfever. Also for allergic skin conditions. **Dosage**: Adults and children 12 years and over: one capsule ...y. Not for use in the elderly (over 65 years) or children under 12 years. **Contra-indications**: Not for use in patients with known hypersensitivity to acrivastine or tripolidine or with significant renal ... **Precautions**: Avoid alcohol and potentially sedating medicines. Caution during pregnancy. **Side and adverse effects**: Reports of drowsiness are extremely rare. RSP (ex VAT): 12s £3.40, 24s £5.95 ...ory: P. Further information is available from: Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. Product licence number: 15513/0035. Date of revision: January 1998

ABBREVIATED PRESCRIBING INFORMATION
TELFAST fexofenadine hydrochloride
Presentations: Telfast 120 is a film-coated peach coloured tablet containing fexofenadine base equivalent to 120mg of fexofenadine hydrochloride. Telfast 180 is a film-coated peach coloured tablet containing fexofenadine base equivalent to 180mg of fexofenadine hydrochloride. **Indication:** Telfast 120 is licensed for relief of symptoms associated with seasonal allergic rhinitis and Telfast 180 is licensed for relief of symptoms associated with chronic idiopathic urticaria. **Dosage & Administration:** For the treatment of seasonal allergic rhinitis, the recommended dose of fexofenadine hydrochloride for adults and children aged 12 years and over is 120mg once daily. For the treatment of chronic idiopathic urticaria, the recommended dose of fexofenadine hydrochloride for adults and children aged 12 years and over is 180mg once daily. The efficacy and safety of fexofenadine hydrochloride has not been studied in children under 12 years. **Contra-indications:** Known hypersensitivity to any of the product's ingredients. **Precautions:** It is not necessary to adjust the dose of fexofenadine hydrochloride in the elderly or in renally or hepatically impaired patients. (Although, as with most new drugs, fexofenadine hydrochloride should be administered with care in these special risk groups.) **Side effects:** In controlled clinical trials the incidence of commonly reported adverse events observed with fexofenadine was similar to that observed with placebo. These adverse events were headache, drowsiness, nausea, dizziness and fatigue. **Pregnancy & Lactation:** As there is no experience with fexofenadine hydrochloride in pregnant women, Telfast 120 and Telfast 180 are not recommended in pregnancy or for mothers breast-feeding their babies. **Legal Category:** POM. **Package Quantities:** Packs of 30 tablets. **Marketing Authorisation Number: Telfast 120:** PL 4425/0157. **Telfast 180:** PL 4425/0158. **NHS Price:** Telfast 120 Tablets: £7.40; Telfast 180 Tablets: £9.63. **Marketing Authorisation Holder:** Marion Merrell Ltd, Broadwater Park, Denham, Uxbridge, Middlesex, UB9 5HP. Further information including a full Summary of Product Characteristics is available from **Hoechst Marion Roussel Ltd** at the above address.

TEF 175 Date of Preparation: February 1998.

Telfast 120®
fexofenadine 120mg o.d.

Hoechst Marion Roussel

Hoechst

Hoechst Marion Roussel
The Pharmaceutical Company of Hoechst

PHARMACY update

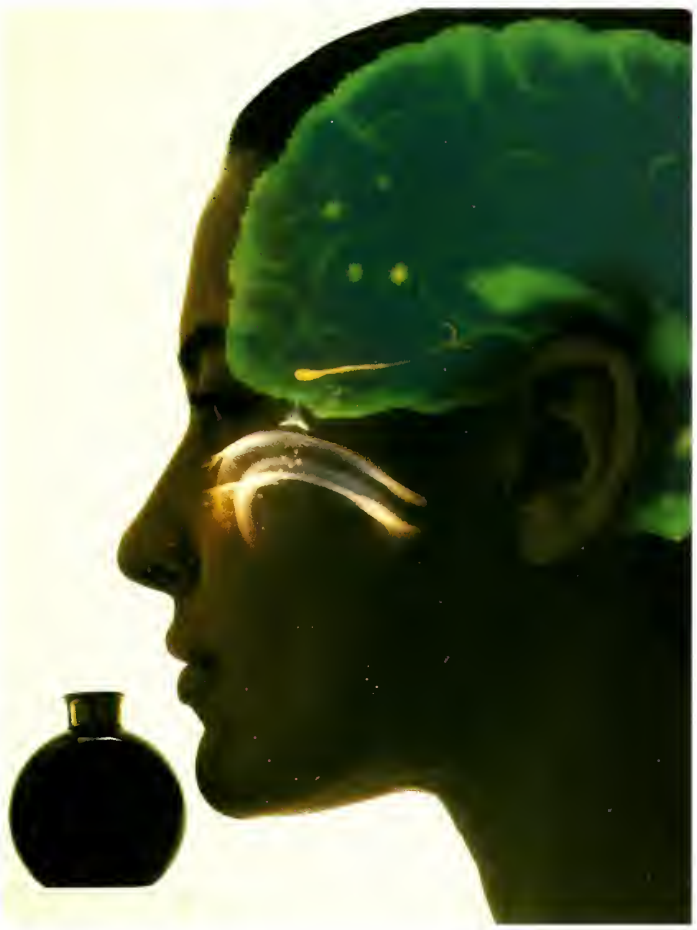
Aromatherapy
The therapeutic applications of essential oils *I*

Medical update
The cost of prescribing anticonvulsants has doubled over the past five years *VI*

LCP function
Long chain polyunsaturated fatty acids and their function *VIII*

The sweet smell of health

Aromatherapy is often associated with relaxation and massage, but its uses go far deeper than that. Steven Kayne, community pharmacist and visiting lecturer in complementary medicine at the University of Strathclyde, looks at current medical applications of aromatherapy



Aromatherapy is the therapeutic use of essential oils extracted from plants. It is one of a large number of non-orthodox medical disciplines, which include acupuncture, chiropractice, herbalism and homoeopathy, that are collectively known as complementary medicine.

The term 'complementary' is preferred to 'alternative', as it implies that the various therapies can be used to complement other methods of treatment, rather than be used exclusively. Complementary therapies are also linked by their holistic approach, treating the whole patient rather than the condition in isolation.

History

The use of oils to treat illnesses is reputed to have begun in Egypt, and be at least 6,000 years old. The term *aromathérapie* is attributed to the French chemist, René-Maurice Gattefossé, who published a book on the subject in 1937 and who is generally considered to be the founder of modern aromatherapy.

He is said to have become interested in the study of essential oils following a laboratory accident in which he burnt his hand badly. He plunged his hand into a nearby bath of lavender oil and was amazed at the speed with which it healed. This experience led him to investigate many essential oils and record the chemical constituents of each.

During the First World War he used essential oils successfully to treat burns and prevent gangrene. With the advent of powerful modern drugs, and in common with other complementary disciplines, aromatherapy fell into decline during the middle years of the century.

In the 1960s, a French doctor, Jean Valnet, followed up the work of Gattefossé and Margaret Maury, a biochemist, and developed a method of applying the oils using massage. Since then, aromatherapy has enjoyed a considerable resurgence with about 5,000 trained aromatherapists now practising in the UK.

Essential oils

Essential oils are fragrant and highly volatile aromatic compounds generated by plants through photosynthesis. They are used in:

- foods as flavouring (eg orange or lemon oil)
- toiletries (eg cosmetics, perfumes and toothpaste)
- medicines (eg clove oil for toothache, peppermint oil for indigestion and eucalyptus for inhalation, as well as being a constituent of many OTC patented products).

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1084), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* APRIL 11, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand the principles of aromatherapy
- To be aware of current uses of essential oils
- To be familiar with the administration routes of essential oils
- To be aware of conditions which could benefit from aromatherapy

The best quality essential oils are extracted from a whole plant or plant parts (see Table 1) by vapour or steam distillation, ideally in a copper or stainless still that separates the plant material and steam. The separate chamber ensures hot water will not break down or dilute the essential oil, which is slowly liberated from the plant material.

Other methods, involving the passage of steam through the plant material, extraction with volatile solvents and cold pressing (mainly for citrus oils) are available. Some plants may produce several oils as different sections of the plant are processed, eg from the leaves, flowers and fruit.

Varying amounts of essential oil can be extracted from a particular plant. Over 100kg of rose petals are required to obtain about 50mls of essential oil, while lavender and lemon yield far greater quantities.

The chemical constituents

Continued on PII ▶

◀ Continued from P1

of an essential oil vary with the stages of a plant's development, and this can affect the characteristics of the plant's perfume. When *Verbena officinalis* is in bloom it gives off a pleasant perfume. However, soon after blooming this is replaced by a bitter odour. So plants for oil extraction must be harvested at specific times of the year.

In some cases, the time of day and climatic conditions are also important in determining the therapeutic nature of the essential oil. The time between collection of raw plant material and distillation must be as short as possible, because chemical changes are initiated immediately after cutting.

Despite its name, an essential oil may or may not be oily. The cedar tree produces a non-oily substance known as thujone that is very poisonous and should not be used in aromatherapy (Davis 1995).

In drought or other extreme climatic circumstances, or if there are nutritional deficiencies in the soil, the plant's essential oil helps to facilitate survival. The amount of essential oil in a plant is inversely proportional to the amount of water present. As the plant dries out, it produces essential oils to compensate for the loss of water. Thus, the aroma from dried flowers is often more intense than in fresh material.

Further, the aroma from specimens of certain cultivated species may differ from that of similar wild species (Serrentino 1991). The wild variety of *Rosmarinus officinalis* (Rosemary) that grows in parts of Europe contains an ester and a ketone as its main active ingredients. The same variety grown in a greenhouse contains an oxide as the main chemical group.

Geographical location may also affect the nature of the essential oil. The Mediterranean version of rosemary has a ketone as the main constituent and smells quite differently from the other two examples mentioned above.

Examples of typical chemical constituents in essential oils are indicated in Table 2. Some chemical groups are potentially toxic and essential oils must be used with care and in small quantities. Potential side effects include neurotoxic and abortive effects. Skin problems (from ginger, lemon grass and peppermint) and photosensitivity (bergamot, lemon and orange) are also possible. In these cases oils should only be used by qualified practitioners for short periods. The book, 'Aromatherapy – an A-Z' (Davis 1995), contains a complete list of hazardous oils.

An oil usually contains between three and five chemical groups, and it is not possible to determine the therapeutic properties by simply listing the properties of each constituent. The influence of one chemical group on another, a phenomenon known as 'synergy', results in specific therapeutic properties.

Studies on mice have shown lavender oil to be a more effective sedative than its two major constituents in isolation. One of the chemical groups is usually present in greater quantity than the others and the oil is often named from this group, although it does not necessarily show the expected therapeutic characteristics.

The basis for the action of aromatherapy is thought to be similar to modern pharmacology, with active principles entering the biochemical pathways albeit in much smaller doses.

Table 1: Source of essential oils

Part used for oil	Example
Bark	Cinnamon
Blossom	Orange (Neroli)
Bulbs	Garlic
Dried flower buds	Clove
Flowers	Jasmine, Lavender, rose
Fruits	Lemon, mandarin
Grass	Lemongrass
Leaves	Eucalyptus, geranium, peppermint
Root tuber	Ginger
Seeds	Fennel
Wood	Sandalwood

From use in massage to inhalation, essential oils are very versatile

Administration routes

Essential oils may be administered by one or more of the following routes

● **Topically to the skin**

The oils are highly concentrated and should not generally be applied to the skin neat, except under supervision. Massaging aromatherapy oils contained in a vegetable carrier oil is the more frequent route of administration.

Aromatherapists dilute essential oils (0.5ml/10ml) with carrier oils such as sweet almond, walnut, wheatgerm and hazelnut, which contain active vitamins and fatty acids. Other possible carrier oils are rapeseed, sunflower and soya bean (Sadler, 1994).

Lavender oil enters the circulation within 5-10 minutes, with maximal blood concentrations being achieved after approximately 20 minutes. The oil is eliminated within 90 minutes. Part of the treatment is the massage itself. This is extremely useful in the relief of stress and tension.

Ready blended oils are available for specific purposes, eg rheumatics or insomnia.

Massage also establishes a positive patient-practitioner healing relationship (Tisserand 1990). Aromatherapy massage is a mixture of Swedish (soft tissue massage), shiatsu (massage at acupuncture points) and neuromuscular massage. Gentle rubbing movements may be used in some cases.

Essential oils can be added to bath water. Here, the cosmetic and medical applications become entwined. Clients often find it helpful to relax in a pleasantly scented bath for 20-30 minutes and this can also be used to relieve muscular strains and sprains. About 6-8 drops of oil is suggested.

● **Internally by mouth**

Oral administration of essential oils should only be used under medical supervision and may carry a significant risk of an adverse reaction as high levels of active ingredients in the bloodstream are achieved. It is not routinely used in the UK, although some practitioners recommend a weak aqueous solution as a mouthwash.

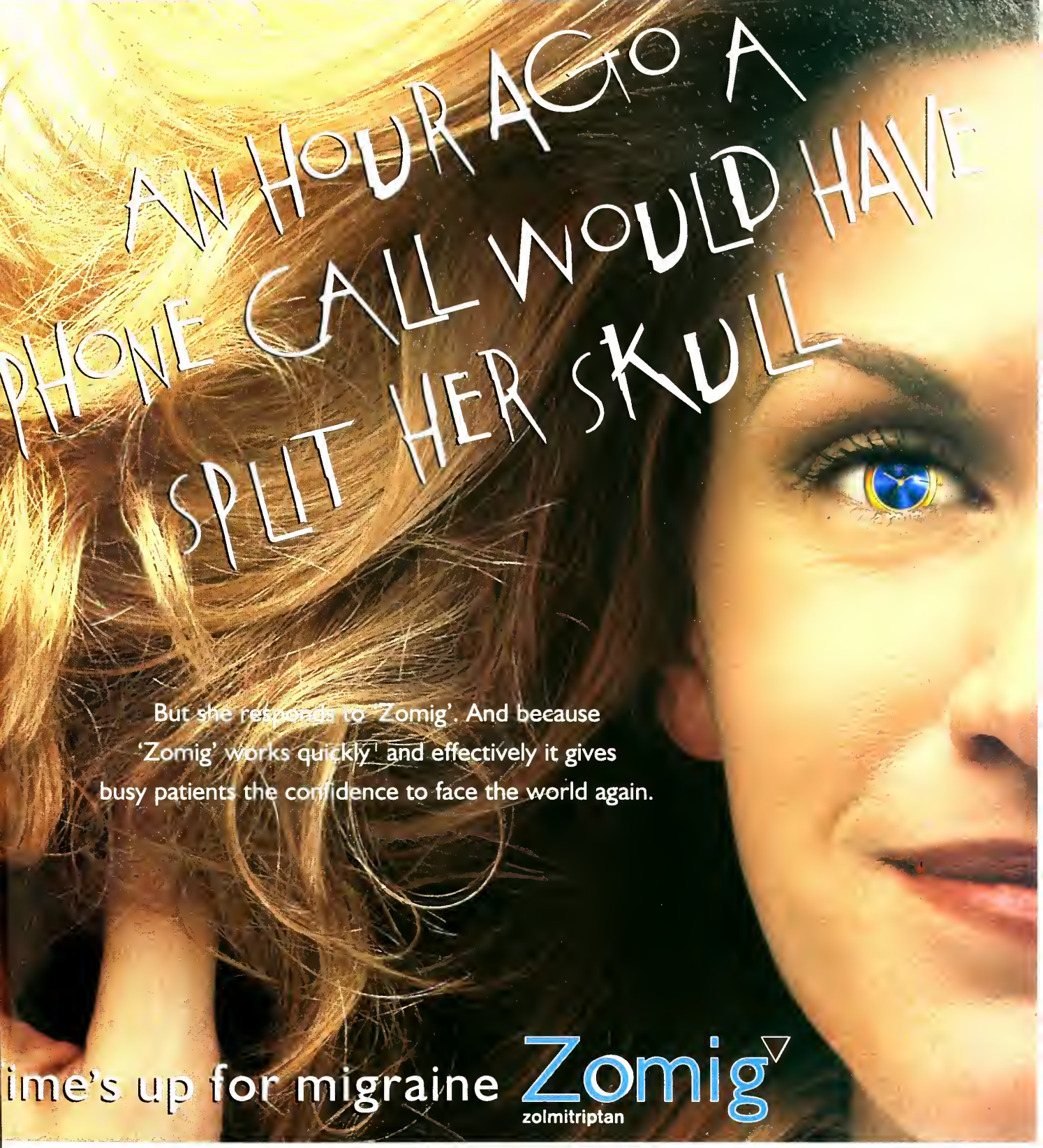
● **Externally by inhalation**

Many conditions respond extremely well to essential oil inhalation. The oils can be inhaled using the old

Continued on P1 ▶

Table 2: Constituents of essential oils

Constituents	Properties
Acids	Anti-inflammatory, hypothermic
Alcohols	Astringent
Aldehydes	Anti-inflammatory, astringent, bactericidal, hypothermic
Coumarins	Sedative, calming action
Dienes	Anticoagulant, antispasmodic
Esters	Antispasmodic, sedative
Ethers	Sedative, antispasmodic
Ketones	Anticoagulant, sedative, mucinolytic
Oxides	Mucinolytic, decongestant, expectorant
Phenols	Anthelmintic, bactericidal, fungicidal
Sesquiterpenes	Antiallergic properties
Terpenes	Bactericidal, fungicidal, 'tonic'



MIG'
sult Summary of Product
racteristics before prescribing.
ial reporting to the CSM required.

Acute treatment of migraine with or out aura.

entation Tablets containing 2.5mg of triptan.

age and Administration The rec- ended dose of 'Zomig' to treat a migraine is 2.5mg.

ptoms persist or return within 24 hours, ond dose has been shown to be effective. econd dose is required, it should not be within 2 hours of the initial dose.

sfactory relief is not achieved, subsequent s can be treated with 5mg doses.

tients who respond, significant efficacy is ent within 1 hour of dosing

e event of recurrent attacks, it is mmended that the total intake of 'Zomig' 4 hour period should not exceed 15mg.

g' is not indicated for prophylaxis of ine.

Safety and efficacy of 'Zomig' in paediatrics, adults over the age of 65 and patients with hepatic impairment have yet to be established

Contra-indications Hypersensitivity to any component of 'Zomig' and uncontrolled hypertension.

Precautions A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.

'Zomig' should not be given to patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathways.

'Zomig' is not recommended in patients with ischaemic heart disease. In patients in whom unrecognised coronary artery disease is likely, cardiovascular evaluation prior to commencement of treatment is recommended. As with other 5HT$_1$ agonists, atypical sensations over the precordium have been reported after administration of 'Zomig' but in clinical trials these have not been associated with arrhythmias or ischaemic changes on ECG 'Zomig' may cause mild transient increases in blood pressure

Patients should leave at least 6 hours between taking an ergotamine preparation and starting 'Zomig' and vice versa Concomitant administration of other 5HT agonists within 12 hours of 'Zomig' treatment should be avoided. A maximum intake of 7.5mg of 'Zomig' in 24 hours is recommended in patients taking a MAO-A inhibitor Caution in pregnancy and breast-feeding. Use is unlikely to result in an impairment of the ability to drive or operate machinery However, somnolence may occur

Undesirable Effects Nausea, dizziness, somnolence, warm sensation, asthenia and dry mouth have been the most commonly reported.

Abnormalities or disturbances of sensation have been reported; heaviness, tightness or pressure may occur in the throat, neck, limbs and chest (no evidence of ischaemic ECG changes), as may myalgia, muscle weakness, paraesthesia, dysaesthesia.

Legal Category POM
Product Licence Number 12619/0116
Basic NHS Cost 3 tablet pack (2.5mg) £12.00. 6 tablet pack (2.5mg) with wallet £24.00

'Zomig' is a trademark of the Zeneca group of companies.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ

98/9046/K/Issued February 1998

Reference:

1. Zomig Summary of Product Characteristics.

In those patients who respond, significant efficacy is apparent within 1 hour of dosing.

ZENECA

Introducing Detrusitol™, a new and potent antimuscarinic agent with greater selectivity for the bladder than for the salivary glands in vivo.[1] The main benefits of Detrusitol™ can be summarised as follows:

- **Effectively reduces the symptoms of bladder instability[2,3]**
- **Good side effect profile - including low incidence of dry mouth[2,3]**
- **Low withdrawal rate due to adverse events comparable to placebo in trials[3]**
- **Simple b.d. dosing and good tolerability can help patients stay on therapy**

Detrusitol™ is supplied in patient packs containing 56 tablets and a patient information leaflet. Detrusitol™ is available two strengths - 2 mg and 1 mg tablets.

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Pharmacia & Upjohn

Detrusitol™▼ Abbreviated Prescribing Information. Presentation: *2 mg toblet:* white, round, biconvex, filmcoated tablet (engraved with arcs above and below the letters DT) containing tolterodine L-tartrate corresponding to 1.37 mg tolterodine. *1 mg toblet:* white, round, biconvex, filmcoated tablet (engraved with arcs above and below the letters TO) containing tolterodine L-tartrate corresponding to 0.68 mg tolterodine. **Indication:** For the treatment of unstable bladder with symptoms of urgency, frequency or urge incontinence. **Dosage: Adults**: 2 mg bd except in patients with impaired liver function where 1 mg bd is recommended. The dose may be reduced to 1 mg bd if side-effects are troublesome. Review after 6 months. **Children:** Not recommended. **Contraindications:** Patients with urinary retention, uncontrolled narrow angle glaucoma, myasthenia gravis, known hypersensitivity to tolterodine or excipients, severe ulcerative colitis or toxic megacolon. **Precautions & interactions:** Use with caution in patients with significant bladder outlet obstruction at risk of urinary retention, gastrointestinal obstructive disorders, renal disease, hepatic disease (see dosage), autonomic neuropathy or hiatus hernia. Organic reasons for urge and frequency should be considered before treatment. Concomitant treatment with potent CYP3A4 inhibitors, such as macrolide antibiotics (e.g. erythromycin) or antifungal agents (e.g. ketoconazole) should be avoided until further data are available. The ability to drive and use machines may be affected by visual accommodation disturbances. A more pronounced therapeutic effect and side-effects may be seen if used with other drugs that possess anticholinergic properties. Muscarinic cholinergic receptor agonists may reduce the effect of tolterodine, whereas tolterodine may reduce the effect of metoclopramide and cisa Pharmacokinetic interactions are possible with other drugs metabolised by or inhibiting cytoch P450 2D6 (CYP2D6), or CYP3A4. No interactions seen with warfarin or combined oral contrace (ethinyl estradiol/levonorgestrol). No clinically significant interaction with fluoxetine. **Pregnar lactation:** Until more information is available tolterodine should not be used during pregnar lactation. Women of fertile age should be using adequate contraception. **Side-effects:** Those rep include: *common (>1/100)* dry mouth, dyspepsia, constipation, abdominal pain, flatulence, vom headache, xerophthalmia, dry skin, somnolence, nervousness and paresthesia; *less common (<1* accommodation disturbance and chest pain; *uncommon (1/1000)* allergic reactions, urinary rete and confusion. **Overdose**: In the event of tolterodine overdose, treat with gastric lavage and activated charcoal. Treat symptomatically. **Legal category**: POM **Pack sizes:** Detrusitol 2 mg mg in cartons of 56 containing 4 blister strips of 14 tablets each. **N.H.S. Price:** Detrusitol 2 m £32.00, Detrusitol 1 mg (56) £28.80. **Marketing Authorisation numbers:** Detrusitol 2 mg tabl 0032/0223, Detrusitol 1 mg tablets PL 0032/0222 **Marketing Authorisation Holder:** Pharma Upjohn Limited, Davy Avenue, Milton Keynes MK5 8PH, UK **Date of Preparation:** February **References:** 1. Nilvebrant L et al. Eur J Pharmacol 1997; 327:195-207. 2. Malone-Lee JG 27th Annual Meeting of the International Continence Society (ICS), 1997, Yokohama, (Study 012). 3. Abrams P et al. 92nd Annual Meeting of the American Urological Assoc (AUA), 1997, New Orleans, USA (Study 008).

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◀ *Continued from PII*

fashioned 'bowl of hot water and towel over the head' or simply from one or two drops on a handkerchief or tissue.

A few drops on the pillow may help a restless client sleep, but direct contact with the skin should be avoided. A variety of steam inhalers and fan assisted apparatus are available. Used as a room fragrance, essential oils create a pleasant atmosphere.

Other routes of administration

Rectal or vaginal administration using appropriate presentations can be useful for localised symptoms. Compresses are also used for skin conditions.

Choice of oil

The choice of a particular oil will depend on the individual. Patients with similar symptoms may therefore be prescribed different oils or mixtures of oils.

Aromatherapy oils may be classified into groups according to their effect, two of which are stimulants and sedatives (Davis 1995).

Stimulants

These oils are useful in the short term, in a crisis or when exceptional effort is required, or in convalescence in small amounts to help restore some vitality. They include basil, black pepper, eucalyptus, peppermint and rosemary, of which the latter is the most widely used.

There is some debate as to whether stimulant oils should be used during pregnancy. Such decisions should rest with a qualified aromatherapist.

Sedatives

A number of essential oils are calming or sedative in effect. Among the most effective are bergamot, chamomile, jasmine, lavender, marjoram, melissa neroli (orange flower) and sandalwood. The most effective ways to use these oils are massage and in baths especially before bed.

Evidence

There is no doubt that most of the complementary disciplines suffer from a lack of high quality research to explain their mechanisms of action and provide evidence of effectiveness.

There are few trials of aromatherapy on human subjects, most studies having used animal or tissue culture models (Stevensen 1996). Of the former, the most widely quoted is one using mice that became sedated after one hour inhaling an essential oil.

Table 3: Examples of essential oils and their uses

Symptoms	Essential oil	Route of administration
Arthritis	Chamomile, juniper, rosemary	Massage, bath additive
Athletes' foot	Lavender, tea tree	Footbath
Blisters	Lavender	Topical application
Burns	Lavender, chamomile, eucalyptus, tea tree	Topical application, bath
Chilblains	Juniper, lavender, marjoram, rosemary	Topical application
Colds	Eucalyptus, orange, tea tree	Inhalation, massage/rub throat and chest
Coughs	Eucalyptus, lavender	Inhalation, massage/rub throat and chest
Flu	Eucalyptus, juniper, lavender, tea tree	Inhalation, massage/rub throat and chest, bath
Insect bites	Chamomile, lavender, tea tree	Topical application, bath, compress
IBS	Chamomile	Massage abdomen, bath
Migraine	Lavender, marjoram, rosemary	Inhalation, massage head and neck
Muscle injuries	Eucalyptus, marjoram, rosemary, tangerine	Massage/rub affected area
Nausea	Lavender, mint	Inhalation
Sore throat	Lavender, sandalwood, tea tree	Massage/rub throat and upper chest

Aromatherapy is being used more and more widely today

In tissue culture work, peppermint has been found to affect the flow of calcium across the cell wall and inhibit gastrointestinal smooth muscle contraction. Some compelling evidence is available to support the suggestion that several essential oils have antimicrobial qualities. *Salvia* (sage) and *thymus* (thyme) are examples.

Aromatherapy and massage have gained wide popularity with nurses in clinical practice. A randomised clinical trial has shown a statistically significant psychological benefit was derived from giving foot massage to patients following cardiac surgery (Stevensen 1994). Evidence from an audit into the effects of aromatherapy massage in palliative and terminal care suggested that most patients derived some benefit (Evans 1995). Other studies have shown positive effects from massage (Stevensen 1996).

Aromatherapy has been used by patients suffering from epilepsy to control their seizures. Certain oils, notably rosemary, can cause an increase in seizure frequency, so the appropriate oil has to be carefully selected.

Conclusion

As with many complementary disciplines, aromatherapy is becoming more widely used. It has emerged as a patient orientated discipline with little scientific evidence for its mode of action. There is a need for high quality outcomes research to establish a firm basis for the circumstantial evidence that exists. There is also a need for a strong governing body to regulate its practice. Its true potential will then be realised.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

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ACTION PLAN

1 In your practice workbook list the ten top best selling aromatherapy oils in your pharmacy. Add the method of administration and their potential use

2 List the potential uses of the aromatherapy oils you stock then list their uses in practice. This should assist you in selecting an appropriate oil when a client asks for advice about both physiological and psychological conditions

3 Using ten different oils, establish how these are obtained. You may need to contact the supplier.

Anticonvulsant costs doubled in past five years

The costs of prescribing anticonvulsants in the UK has more than doubled in the past five years from £7.5 million per quarter to £16.5m per quarter, according to Prescription Pricing Authority data.

The main reason is the cost of prescribing newer anticonvulsants such as vigabatrin, lamotrigine, gabapentin and topiramate, which has increased from under £1.5m to £8m between 1992 and 1997. Of the £8m, lamotrigine accounts for the largest proportion: £5m.

Meanwhile, the usage of anti-epileptics has risen by a corresponding 14.7 per cent. The usage of the most common anticonvulsants – carbamazepine, phenytoin and sodium valproate – has decreased slightly from 79.5 to 77.8 per cent.

Newer agents now account for 8.1 per cent of the total cost budget while five years ago, vigabatrin and lamotrigine accounted for 2.2 per cent.

The proportion of generically-prescribed carbamazepine (49 per cent in 1992), phenytoin (60 per cent) and sodium valproate (29 per cent) has increased to 65 per cent, 66 per cent and 39 per cent respectively.

Barriers to living healthily

People are less likely to change to a healthier lifestyle if they think only about the willpower it will require, rather than contemplating the benefits of keeping fit, according to a new report.

Researchers for the Imperial Cancer Research Fund asked more than 1,660 people aged 35-64 to identify the difficulties in responding to advice on changing dietary and exercise habits.

Respondents keen to change lifestyle were asked to give ten reasons why making changes might prove difficult. These were then used to compile a list of 'internal' and 'external' barriers to change.

'Internal' barriers include being too lazy, lacking willpower and enjoying supposedly 'bad' behaviour, while 'external' barriers include lack of facilities, lack of money and behaviour of friends, family and colleagues.

"People who can identify external barriers may be better placed to plan for successful change. We have been encouraged to take personal responsibility for health but breaking habits is hard and takes more than willpower," says Sue Ziebland, a member of the research group.

An acceptance of personal responsibility for health is not necessarily empowering, say the authors, as it may encourage self-blame and despondency.

'Internal' reasons were cited most often as barriers. It was suggested people might notice external barriers only as they tried to make changes.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Genus Pharmaceuticals**, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the April 11 issue, which will cover this week's CPP-accredited modules, together with those in the March 7.

In other words:

- Thrush (1083)
- Aromatherapy (1084)
- LCP fatty acids (1085).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with

GENUS PHARMACEUTICALS

Issue 7

PULL OUT AND KEEP

vita forum

IN THIS ISSUE...

CAROTENOIDS

How do they work and which carotenoids are the most important in the human diet? Find out in an 8-page leaflet, free to Vita Forum readers. Fill in the order form on the flap.

To Cook or Not to Cook?

These are the questions...

At a recent German Conference, several traditionally held views on carotenoid availability were challenged.

Inequalities are part and parcel of life, not least in the sphere of nutrition. Who would have guessed that a green pepper has only one tenth the beta carotene of a red one, whilst a yellow pepper has less than them both? Or that the tomato in a salad delivers far less of the carotenoid lycopene to the body than the tomato paste on a pizza?

"Cooking vegetables can help to release carotenoids and increase their availability to the body."

The complexities and inequalities of nutrient absorption and bioavailability are of great interest to many nutrition scientists today. Studies into plant-based carotenoids are at the forefront of this research, because these important antioxidant factors are believed to play a vital, but as yet not fully understood role in health. Discovering the relative importance of different carotenoids, and the relationships between them, could be a crucial factor in making more informed nutrition and health policy.

At a recent German conference, several traditionally held views on carotenoid bioavailability were challenged. It's well known that beta carotene can be converted to vitamin A if the vitamin is lacking, and conventional wisdom has it that 6µg beta carotene can yield 1µg of vitamin A. But according to evidence presented by Dr West from Wageningen Agricultural University in the Netherlands, the true conversion is actually much less efficient. In his studies, as much as 26µg of beta carotene from dark green leafy vegetables and carrots, or 12µg beta carotene from orange and yellow fruits, was needed to yield 1µg vitamin A.

"Where provitamin A carotenoids are the sole source of vitamin A supply, people will need to eat more than four times the amount of dark green leafy vegetables than that previously assumed to meet their vitamin A requirements," said Dr West.

Dr West's team also found the bioavailability of beta carotene to be extremely low (5-8%) from vegetables traditionally thought of as

Continued on page 4

Ten good reasons to saf

As Spring approaches, many people will b
Taking regular exercise, giving up smoking, c
aspects of living a healthier life, but it's impo
here are ten

1 Vitamin E and healthy skin go together like peaches and cream. An effective moisturiser, vitamin E also has mild sunscreen properties and is used therapeutically to help heal wounds and burns.

More recently, beta carotene too has been shown to benefit skin, in terms of protecting it from UV rays. Two separate studies found that, when combined with the use of a topical sunscreen, supplements of carotenoids taken before exposure to the sun, provided better protection than sunscreen alone. (1)(2)

2 The amount of evidence of an association between higher vitamin E intake and a lower risk of coronary heart disease is now considerable – in fact, the American Heart Association voted vitamin E no. 4 in its top ten research advances for 1996.

Reinforcing the findings of epidemiological research over the last 10-15 years, the CHAOS intervention study of 2000 angina patients published in 1996, found that natural source vitamin E supplements (either 400iu or 800iu/day) reduced the risk of heart attack by a massive 75%. (12)

5 Two common eye diseases may be influenced by antioxidant status. Studies on Age-related Macular Degeneration showed that increasing consumption of the carotenoids lutein and zeaxanthin, from either food or supplements, thickened the macular pigment, potentially giving protection. (6) (7) Similarly, researchers found lutein supplements had a significant shielding effect against harmful blue light. (8)

In the case of cataracts, British and Finnish studies both suggest a direct protective effect for vitamin E (9) (10), while US research showed that long-term vitamin C supplementation cut the risk of early cataracts by 77% in women aged 56-71. (11)

6 Two aspects of men's health – prostate cancer and male infertility – may also be influenced by antioxidant status. Recent research suggests that men eating the most tomatoes – the main dietary source of the carotenoid lycopene – had almost half the risk of prostate cancer than those consuming fewer tomatoes. (3) Researchers from the long term, ongoing US Physicians Health Study have reported that beta carotene supplementation can sharply reduce the risk of prostate cancer in men with initially low blood levels of beta carotene. (4)

Meanwhile, researchers in Sheffield have found vitamin E supplements to significantly improve sperm function in cases of male infertility. (5)

7 Our last issue of Vita Forum looked at the importance of the body's antioxidant status in defending the lungs against pollution. Lung specialist Dr. Frank Kelly is convinced that current levels of air pollution in the UK compromise the antioxidant status of the Epithelial Lining Fluid – a protective barrier above the lung cells. Increasing antioxidant intake may therefore offer protection from atmospheric pollution: a recent US study found that daily supplements of vitamins E and C benefited asthmatics exposed to air containing ozone and sulphur dioxide. (13)

FRUIT AND VEGETABLES ANTIOXIDANTS – AT LEAST FIVE SUPPLEMENTS ARE FOR SUR

uard antioxidant status

o improve their health and fitness rating.
wn on high fat foods – these are all essential
include antioxidant intake in this list... and
asons why.

While regular exercise is a key ingredient of a healthy lifestyle, results in a greater intake of ygen and consequently, a rush of e radicals – particularly when ercise is taken outdoors in lluted air. If our antioxidant ences are insufficient to trap these ess radicals, the result can be dative damage to tissues, making scles more susceptible to injury and ulting in slowed recovery and a iction in immunity. Several studies ndurance athletes have shown that plements of vitamins E and C can ice the markers of muscle damage. (14)

Immune cells are highly susceptible to the harmful effects ree radicals. Over time, oxidative ck brings a decline in immune onse, resulting in increased incidence ruses, infections and life-threatening ises. Vitamin E has been found to be important in maintaining an mum immune response – by easing the power of T-cells and ting the production of antibodies. Beta carotene too has been widely ted to improve immune function – cent animal tests, it increased the y of natural killer cells to destroy r cells by 65%. (20)

E IDEAL SOURCE FOR
A DAY ARE RECOMMENDED.
TION, NOT SUBSTITUTION.

4 Though a number of factors contribute to ageing, much of what was once considered the normal ageing process is now thought to be related to 'oxidative stress', caused by an excess of free radicals.

Antioxidants may help slow down ageing by controlling free radicals and delaying the onset of many age-related diseases. Among many such diseases, antioxidant status has been shown to influence Parkinson's disease, Alzheimer's disease and rheumatoid arthritis.

In other words, it's not just a question of lifespan, it's also a question of healthspan.

9 Such is the breadth of evidence linking higher antioxidant status with a lower risk of many cancers that we can only touch on it here. Briefly, recent findings include the following:

- women with higher breast concentrations of carotenoids have a lower risk of breast cancer (15)
- high levels of cryptoxanthin are associated with reduced cervical cancer risk (16)
- lycopene may protect against lung and digestive tract cancer (17)
- low intake of vegetables and alpha carotene is associated with a higher incidence of lung cancer among smokers (18)

10 Antioxidants may even protect us in moments of human weakness!

Most of us occasionally indulge in the odd fry-up or cream bun but by taking supplements of vitamins E and C before eating a high fat meal, we may be able to block some of its harmful effects. US researchers recently measured the change in blood vessel function after a high fat breakfast, a low fat breakfast, and a high fat breakfast preceded by vitamin E and C supplements. They found substantially decreased blood vessel function after the first, but no such decrease following the other two. (21)

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(Continued on page [illegible])

To Cook or Not to Cook *continued*

among the best sources. By comparison, purified beta carotene in oil was very well absorbed.

Dr Sue Southon, a principal research scientist at the Institute of Food Research in Norwich is not surprised at such findings. Amongst other things she is interested in how the structural makeup of a food (the food matrix) affects the amount of carotenoids absorbed. Her laboratory has found that whilst beta carotene isolates from the algae Dunaliella salina are 75-97% absorbed, beta carotene bound within the tough cell structure of a carrot may be very poorly absorbed.

According to Dr Southon, these differences mean the carotenoid story is likely to be more complicated than current recommendations to eat five portions of fruit and vegetables a day. The way fruits and vegetables are consumed is important, as well as the amount. "Although many people believe that only fresh fruits and vegetables have health benefits, cooking vegetables can help to release carotenoids and increase their availability to the body", she says.

Another thing that scientists are beginning to appreciate is that the carotenoid story doesn't all begin and end with beta carotene; nor are high doses likely to be more beneficial than moderate ones. Carotenoids such as alpha carotene, lycopene, and lutein (there are over 20 carotenoids that occur in the modern diet) seem to play an interactive role with beta carotene and too much of one carotenoid appears to reduce the levels of others.

With these factors in mind the Norwich researchers have attempted to define a level of carotenoids likely to be optimum. The results of their research has led them to postulate that "the maximum benefit from increased carotenoid intake (with limited possibility of adverse effects) might be achieved at intakes which result in plasma concentrations of about 2μM, i.e. approximately 4 times the average UK plasma concentration."

According to researchers from the University of Giessen in Denmark — also reporting at the German conference — levels near this (1.7μM) were achieved in an experimental "healthy diet" group consuming an amount of vegetables equivalent to 9mg carotenoids daily. Worryingly, the current intake of carotenoids by the average Briton is much lower, at only 2-2.5mg carotenoids per day.

So what dietary advice can we draw from carotenoid research to date? The answer can only be to eat as many fruits and vegetables as possible, raw and cooked to maximise carotenoid bioavailability. If the practicalities of this approach are too much, supplements can help bridge the gap, but they should always be of a moderate dosage and preferably provide a mixture of carotenoids.

KEY POINTS

- **The availability of beta carotene is greater from oil-based supplements than from foods.**
- **The structural makeup of food can significantly affect the availability of carotenoids. Raw vegetables often provide less than cooked.**
- **Dietary beta carotene may not be as readily converted to vitamin A as previously thought.**
- **The average blood plasma level of carotenoids may only be one quarter the optimum level in UK subjects.**
- **High doses of one carotenoid may imbalance the status of others.**
- **Fruits, vegetables and Dunaliella salina supplements provide a mixture of valuable carotenoids.**

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vita forum

Our front page story in the last edition of Vita Forum, 'fighting the effects or air pollution', proved to be very topical. In January, the BBC's headline 'Breathing Could be Fatal' highlighted the publication of a government report suggesting that more than 20,000 people a year may be dying prematurely in the UK as a result of air pollution. And, as we go to press with this edition, a British Lung Foundation report is hitting the headlines with the news that in human terms, air pollution from traffic causes as many deaths as road accidents and, in financial terms, it costs £11 billion a year.

In this issue we tackle the complex question of bioavailability, an area of research that's challenging the brains of some of our best scientists. We'll be tracking their progress in future editions.

Keeping you up-to-date is one of our two major aims but, with so many studies being published, it's easy to get lost in the minutiae of antioxidant research results. We hope that the 'broad brush-stroke' approach of our centre pages will help to bring perspective – the second of our twin aims for Vita Forum. *Editor*

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Published by Henkel Ireland Ltd.
Little Island, Co. Cork, Ireland

Acknowledgments:
The Photographer's Library
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Design: Sue Carter 0181-286 0820

Cholesterol lowering is not the only answer to CHD

Lowering blood cholesterol is not the only method of reducing the risk of coronary heart disease, stresses a report from The NHS Centre for Reviews and Dissemination.

The 'Effective Health Care Bulletin' proposes the use of more cost-effective methods of reducing CHD risk initially, such as giving up smoking, lowering blood pressure and taking aspirin and beta-blockers, rather than the more expensive statins.

It suggests that widespread prescribing of statins would be extremely expensive for the NHS and represent poor value for money – expenditure on statins has risen from over £20 million in 1993 to over £110m last year.

Although blood cholesterol is a major risk factor for CHD, it is a relatively poor prognostic indicator of heart disease. It must be considered alongside other risky lifestyle factors.

The report also questions the validity of cholesterol screening and warns it may misclassify people and cause psychological damage. Coronary heart disease was responsible for nearly a quarter of all deaths (27 per cent in men and 21 per cent in women) in the UK in 1995.

Diet report blow for meat-lovers

Chief medical officer Sir Kenneth Calman has recommended people eating above average amounts of red meat to cut down, following the publication of a new report on diet and cancer this month.

The 'Nutritional Aspects of the Development of Cancer' report, which was written by experts on the Committee on Medical Aspects of Food and Nutrition (COMA), recommends those eating over 140g of meat to eat less.

"Adults who eat more than the average amount of red and processed meat [90g], especially those eating a lot more, might benefit from a reduction. Average and below average consumers need not change," says Sir Kenneth.

Over 156,000 people died of cancer in the UK in 1996 and research suggests diet could have played a part in the development of about a third of those cancers.

Other recommendations of the report include keeping a healthy body weight throughout adult life, increasing the amount and variety of dietary fruit and vegetables, and increasing the amount of fibre in one's diet.

The report cautioned against using beta-carotene supplements to prevent cancer and against the use of high dose vitamin and mineral supplements.

MS drug cost heaviest for sufferers in Europe

The cost of drugs that treat multiple sclerosis is 50 per cent greater in Europe than in the US, according to a new report from Datamonitor.

In Europe, the cost of a year's supply of Betaferon from Schering or Avonex from Biogen is between £9,400 and £10,000, depending on the country, while in the US, a year's treatment with either of these or Copaxone from Teva is about £6,300.

The report, Market Dynamics to 2005: Multiple Sclerosis, predicts little likelihood of treatments becoming cheaper until patent protection on beta-interferons runs out in 2003.

The use of MS drugs in the UK is restricted because of their high price and limited cost benefit. However, pharmaceutical companies will not lower their prices because this would affect the price companies could charge in other EU markets.

There is little justification for the significant price differences in the MS market which restricts treatment in cost-conscious countries like the UK, believes Datamonitor.

CT stimulates immune response without damage

A method of inducing an immune response by applying cholera toxin to skin may lead to the development of safe, needle-free vaccines, according to a report carried in *Nature* last month.

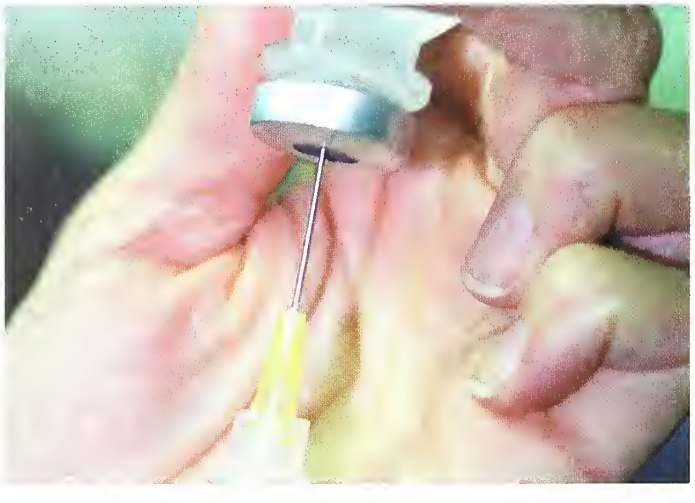
Cholera toxin (CT), a product of the bacteria *Vibrio cholerae* responsible for the symptoms of the disease, is already used to enhance immune responses in orally- and nasally-administered vaccines.

Researchers found that when CT was used as an adjuvant with vaccine components such as diphtheria and tetanus toxoids on skin, it stimulated an immune response without damaging the skin.

The application of a saline solution of CT to the skin of mice induced the production of high levels of the antibody IgG, which suggested CT might enhance the immune response to proteins and vaccine components placed on the skin.

The researchers used bovine serum albumin (BSA), a large protein antigen requiring an adjuvant to produce an immune response via the mucosal route, to demonstrate CT's role as a transcutaneous adjuvant.

BSA-specific antibodies were only induced when BSA was co-administered with CT to the skin of mice. CT also acted as a transcutaneous adjuvant for diphtheria and tetanus toxoids.



The chain gang

The function of long chain polyunsaturated fats in the body is unravelled by Efamol's head of nutrition, Dr Jackie Stordy BSc Nutrition PhD, formerly senior lecturer in nutrition at the University of Surrey

Fat is generally a nutrient that has had a bad press. But there are certain fatty acids that are essential for health. This article examines their nutritional and physiological importance.

There are two essential fatty acids (EFAs): linoleic acid and alpha-linolenic acid. Like vitamins and other essential nutrients, they are important dietary constituents because they cannot be synthesised in body tissues from other compounds in food. They belong to two different chemical series, n-6 or omega 6 and n-3 or omega 3, and are not interconvertible *in vivo*.

The biological importance of the essential fatty acids lies not in their potential as an energy substrate, but in their role as metabolic precursors. Each essential fatty acid is transformed by a series of desaturations and elongations to longer chain unsaturated fatty acids with important metabolic and structural functions. Longer chain derivatives with more than 20 carbon atoms in the chain are called long chain polyunsaturated fatty acids (LCPs).

Cellular function

- **Membrane structure**

LCPs are major constituents of the membranes that surround cells and are components of cell organelles. The membranes of the mitochondria, endoplasmic reticulum, peroxisomes and nucleus largely consist of a phospholipid bilayer into which proteins, enzymes and

Continued on PX▶

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1085), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* APRIL 11, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of the function of LCPs in the body
- To understand the problems of deficiency
- To recognise the natural sources of n-3 and n-6 fatty acids
- To be aware of the therapeutic applications of LCPs
- To be aware of the role of supplements

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◀ *Continued from PVIII*

receptors are embedded or attached. LCPs confer fluidity to the membranes because the *cis* configuration double bonds kink the chain and stop close packing of the molecules. Membrane fluidity affects the relative mobility of the molecules within the membrane and hence membrane chemistry, as well as functions such as phagocytosis and endocytosis.

- **Cell chemistry**

The release of LCPs from membranes in response to various physiological stimuli leads to second messengers which regulate cellular function. Some LCPs, notably arachidonic acid (AA) and eicosapentaenoic acid (EPA), are critically important as precursors of locally active hormone-like substances – prostaglandins, thromboxanes and leukotrienes – which regulate functions such as blood pressure and platelet aggregation, immune response and body temperature.

- **Tissue permeability**

The quality of the skin as a barrier to trans-epidermal water loss appears to be dependent on an adequate supply of LCPs of the n-6 series. Gut and lung tissue permeability may also be affected in a similar way.

Problems of deficiency

These extensive functions of EFA derivatives in every body tissue indicate their importance for health and wellbeing, but is anyone ever deficient? After all, we are constantly being told to consume less fat or not to increase our consumption of polyunsaturated fats further.

The food supplement shelves of the pharmacy reveal a plethora of fatty acid supplements which suggests that some people may be deficient. How can this be?

Although most diets provide substantial amounts of the EFAs – linoleic acid and alpha-linolenic acid – not many diets provide the LCPs in large quantities. If an individual is not a good converter of EFAs to LCPs, they will have a problem.

There are diet and lifestyle factors which slow EFA conversion. Excess saturated fat, excess hydrogenated fat, excess alcohol consumption and *trans* fatty acids all interfere with the conversion of EFAs to LCPs. Stress hormones slow the conversion so many people today are at risk of LCP deficiency.

Conversion is slow in diabetes, eczema, viral infections and liver disease. Recent research indicates that EFA metabolism is defective in attention deficit hyperactivity disorder, dyslexia, dyspraxia, schizophrenia and possibly autism.

Common features of EFA deficiency are excessive thirst, rough and dry skin, vulnerability to infection, frequent ear infections and antibiotic use. In prolonged deficiency from a young age, animal studies indicate there are changes in behaviour and learning ability.

Box 1: Sources of essential fatty acids

Food sources of essential fatty acids n-6 (% of total fatty acid)

Linoleic acid: sunflower (20-75%), corn (30-62%), olive (11%)

Gamma-linolenic acid: borage oil (20%), blackcurrant (17-20%), evening primrose (10%)

Arachidonic acid: beef (1%), mackerel (4%), turkey (5%)

Food sources of essential fatty acids n-3 (% of total fatty acid)

Alpha-linolenic acid: green leaves (56 per cent), linseed (45-60 per cent), rapeseed (10-11 per cent)

Eicosapentaenoic acid: freshwater fish (5-13 per cent), mackerel (8 per cent), sardine (3 per cent)

Docosahexaenoic acid: freshwater fish (1-5 per cent), sardine (9-13 per cent), mackerel (8 per cent)

Nutritional uses of LCPs

- **Pregnancy**

The brain is the most membrane rich tissue in the body, being 60 per cent lipid and half of that lipid being LPCs, chiefly docosahexaenoic acid (n-3 series) and arachidonic acid and adrenic acid (n-6) series.

It is not surprising that pregnancy puts huge demands on the mother's supply of LCPs to the foetus. In multiple pregnancies the demands are even greater.

The supply of LCPs via the placenta is critical in the first few weeks, when nerve cells are dividing and migrating to the regions of the brain where they will become specialised. But quantitatively, it is most important in the last three months of gestation, when the foetal brain increases in size dramatically – at term it is growing at the rate of 1mg per minute. Brain growth continues with increased dendritification well into childhood. There are particularly high amounts of DHA in membranes at nerve synapses and growth cones.

Recent research has shown the brain of pregnant women

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Evening primrose oil capsules are a good form of n-6 fatty acids

decreases in size by about 3 per cent and it takes up to six months post pregnancy for recovery. Supplementation with combinations of evening primrose oil to provide n-6 fatty acids and fish oil to provide n-3 fatty acids may be advisable, particularly in multiple pregnancies (twins or triplets) or closely spaced pregnancies.

- **Lactation**

Breast milk provides gamma-linolenic acid (GLA) as well as the LCPs, AA and docosahexaenoic acid (DHA). Although new born infants have some capacity to elongate and desaturate EFAs, it is limited and so the ready formed LCPs in breast milk are vital. Pre-term babies who had previously consumed formula without LCPs had an eight point IQ disadvantage at eight years of age compared with infants fed human milk. More mild neurological difficulties at age nine were found in children who had been fed formula as full-term infants.

It is particularly important for premature infants to be supplied with LCPs, otherwise their brain and visual development is impaired. Some have suggested LCP deficiency and depressed antioxidant protection contributes to other problems of prematurity such as intraventricular haemorrhage, retinopathy of prematurity and bronchopulmonary dysplasia. They have suggested formulae designed for premature infants should mimic more closely the types of essential fatty acids the foetus would receive *in utero*, ie even richer in AA and DHA than full term breast milk.

- **Infant formula**

Breast feeding is nearly always the best choice for infant feeding but if that is not possible a good substitute is infant formula which includes GLA and LCPs.

- **Dyslexia, attention deficit hyperactivity disorder and dyspraxia**

These three learning disorders often have a common genetic heritage. It is not unusual for a family to have members with all three conditions individually or co-morbidly. The discovery that:

- dyslexics have poor dark adaptation remedied by high DHA fish oil supplementation
- boys with attention deficient hyperactivity disorder have low amounts of LCPs of both series in red blood cell membranes
- movement skills in dyspraxia respond to supplementation with a combined n-3/n-6 LCP supplement

indicates the conversion of EFAs to LCPs may be limiting in individuals with these conditions.

Research in these areas is at an early stage but large-scale double-blind, placebo-controlled trials of a patented n-3/n-6 LCP supplement are in progress. Early indications from open studies and extensive anecdotal reports are encouraging.

- **Recurrent respiratory infections**

A double-blind placebo-controlled trial showed the benefit of combined supplementation with n-6 and n-3 fatty acids in children aged three to four years old with recurrent respiratory

Box 2: Nutritional facts

Relatively few foods provide n-6 LCPs
Deficiency can occur if conversion is poor and diet lacks fish or meat
Fish is the only major source of docosahexaenoic acid
Fewer cooking oils provide alpha-linolenic acid than linoleic acid
diet as a whole in the UK tends to be deficient in n-3 EFAs and LCPs

◀ *Continued from P1*

infections. Following long-term supplementation, the number of infective episodes, days with fever and days absent from school, were significantly reduced.

Therapeutic applications

Breast pain

Women with cyclic (pre-menstrual) and non-cyclic breast pain have raised blood levels of saturated fatty acids and depressed levels of n-6 linoleic acid derivatives, particularly the metabolites of GLA. A series of double-blind, placebo-controlled trials showed the efficacy of Efamast, which contains GLA in the form of evening primrose oil, in relieving breast pain.

This licensed fatty acid treatment compares well with hormone-modifying treatments and has a lower incidence of side effects. Cyclic breast pain is a frequent feature of pre-menstrual syndrome and many evening primrose oil users have noted the benefits on other features of the condition as well.

Atopic eczema

Individuals with eczema have low concentrations of long chain n-6 fatty acids in their plasma phospholipids. The linoleic acid concentrations are normal or slightly elevated, so there is no dietary shortage of this EFA. The problem is the difficulty with conversion to LCPs.

Epogam, a licensed medicine containing gamolenic from evening primrose oil, provides the appropriate n-6 metabolites, and in trials patients and their physicians noticed a marked reduction in severe itch (a major feature of eczema).

Prevention and treatment of coronary artery disease

There is little doubt that the n-3 fatty acids of fish and fish oil could play a major role in the primary and secondary prevention of coronary artery disease. The EPA and DHA in fish oil have several actions – prevention of arrhythmias, antithrombotic action and mild lowering of blood pressure – as well as a profound hypolipidaemic effect, particularly in lowering triacylglycerol. Fish oil also slows the growth of atherosclerotic plaque.

Regular consumption of fish, particularly oily fish like salmon, mackerel or tuna, would seem a wise step; alternatively, fish oil supplements provide the necessary fatty acids.

There are indications, however, that supplementation with both n-6 and n-3 long chain fatty acids would have further advantages, including reducing occlusion following balloon angioplasty.

Box 3: Metabolism of essential fatty acids

n-6 or omega-6 EFAs	n-3 or omega-3 EFAs
Linoleic acid (18:2n-6)	Alpha-linolenic acid (18:3n-3)
6- desaturation	6-desaturation
gamma-linolenic acid (18:3n-6)	Stearidonic acid (18:4n-3)
elongation	elongation
dihomogammalinolenic acid (20:3n-6)	Eicosatetraenoic acid (20:4n-3)
5-desaturation	5-desaturation
Arachidonic acid (20:4n-6)	Eicosapentaenoic acid (20:5n-3)
elongation	elongation
Adrenic acid (22:4n-6)	Docosapentaenoic acid (22:5n-3)
4-desaturation*	4-desaturation*
Docosapentaenoic acid (22:5n-6)	Docosahexaenoic acid (22:6n-3)

*alternative pathways have been proposed

Supplements of EFAs and LPCs can be used to aid our diet

Rheumatoid arthritis

The use of n-3 and n-6 fatty acid supplementation for the painful inflammatory condition rheumatoid arthritis has been discussed in scientific literature since the mid-1980s. Some have found benefits, but unfortunately inappropriate experimental design and length of investigation have hindered progress in this area. Dietary supplementation with fatty acids may take 12-24 weeks before benefit becomes apparent, and many inconclusive studies have just tried shorter periods of supplementation.

Which supplement?

In much of the research on EFAs and LCPs, supplements such as evening primrose oil or fish oil that provide complex mixtures of fatty acids have been used. But fish oils differ in the ratios of fatty acids such as EPA and DHA. In general, liver oils have more EPA and oils derived from fish flesh have more DHA.

Liver oils differ in another respect as most of them are rich in vitamins A and D. While superficially this might appear to be an advantage, that is not always the case. An excess of these vitamins is harmful, so liver oils with high vitamin A and D content are not the fish oil of choice for long-term supplementation, particularly in young children, pregnant women and individuals who are also taking multivitamin supplements.

GLA is the active component in evening primrose oil. However, just as the biological usefulness of iron from various foods differs, other sources of GLA such as borage oil and blackcurrant oil do not necessarily have the same biological activity.

Pharmacy input

The public is turning to the pharmacist for advice on health and wellbeing. There is a desire to be positively healthy rather than healthy by default. There is sound scientific evidence for increasing intake of both n-6 and n-3 long chain fatty acids through diet or supplements in normal physiological states, such as pregnancy and lactation, and to help the prevention of coronary artery disease. Various aspects of modern diet and lifestyle pose problems for those who are relatively poor converters of EFAs into LCPs. The pharmacist is in an ideal situation to provide the supplements and the advice. C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

ACTION PLAN

1 Examine the products in your food supplement section. Identify which contain linolenic acid and which linoleic acid. Do any products state they contain LPCs? List all three types in your practice workbook together with their potential use (as stated on-pack)

2 List in your practice workbook conditions/diseases which may reduce the rate of conversion of essential fatty acids to long chain polyunsaturated fatty acids. What advice would you give to these patients?

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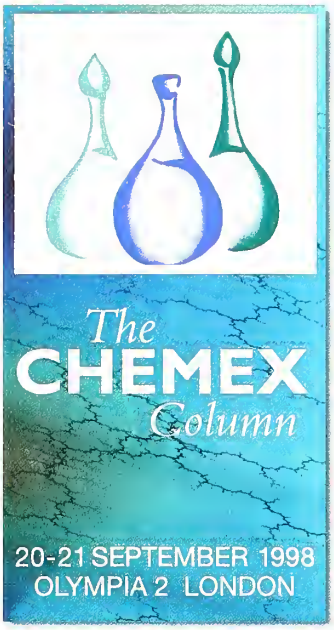


Chemex '98 – where comm

The UK's biggest show for community pharmacy is set to be bigger and better than ever this year, with more opportunities for visitors

With over 130 companies expected to exhibit at Chemex '98, 75 per cent of the stand space is already booked and the organisers are now looking to expand the size of this year's show.

Part of a pedigree

Taking place at Olympia on September 20-21, Chemex '98 is already benefiting from a new strategic partnership.

Miller Freeman Pharmacy Group, the publisher of *Chemist & Druggist*, has a greater involvement in the development of the exhibition, which is now in its 16th year.

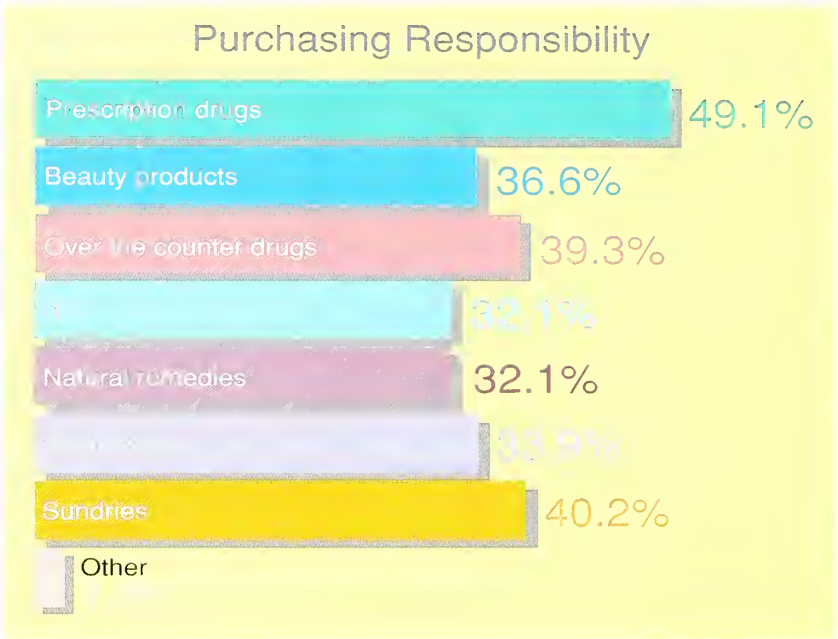
The Pharmacy Group has taken on responsibility for the sales and marketing of Chemex '98. *C&D* retains its role as the show's sponsoring magazine.

Sister company Miller Freeman Exhibitions, the largest trade exhibition organiser in the world, continues to provide its unrivalled expertise and resources to ensure the smooth running of the event.

"This strategic change will bring inevitable benefits," says Ian Gerrard, sales director for Chemex. "By focusing our efforts and expertise, Chemex '98 exhibitors have a unique opportunity.

"With six months still to go, this is already reflected by the unprecedented level of interest being shown by exhibitors. All the signs are that Chemex '98 is likely to be more than twice the size of any comparable event."

The Chemex team: (l-r) Simon Page, sales executive; marketing executives Nicole Cooper and Emma Faure; and the sales director, Ian Gerrard



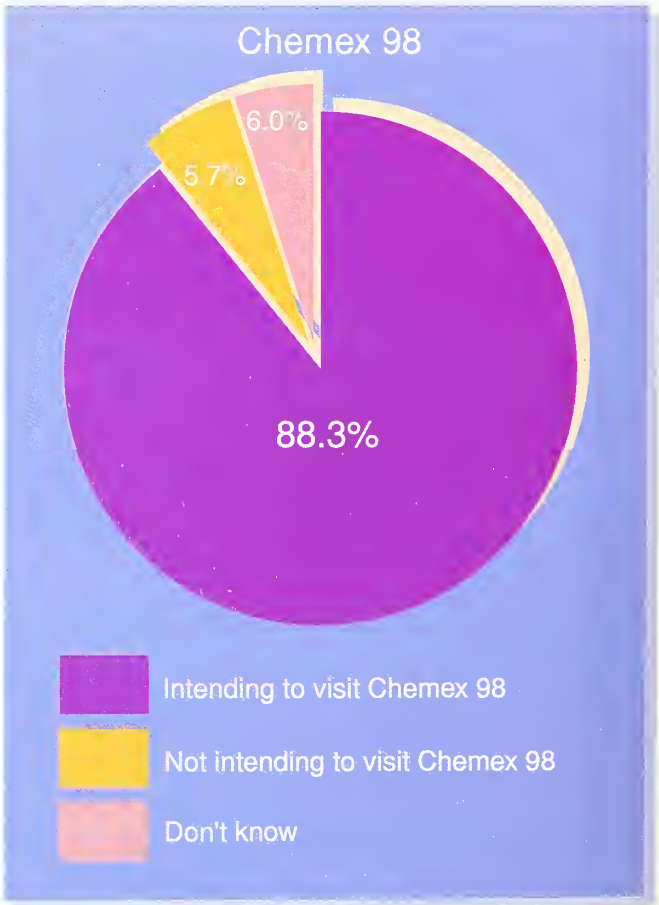
A survey of visitors to Chemex '97 showed that the exhibitors have the opportunity to reach those who are making the key purchasing decisions within pharmacy businesses

New OTC village

In recognition of the need of OTC manufacturers to communicate with pharmacists as health care professionals, a special OTC Village will be one totally new concept at the exhibition.

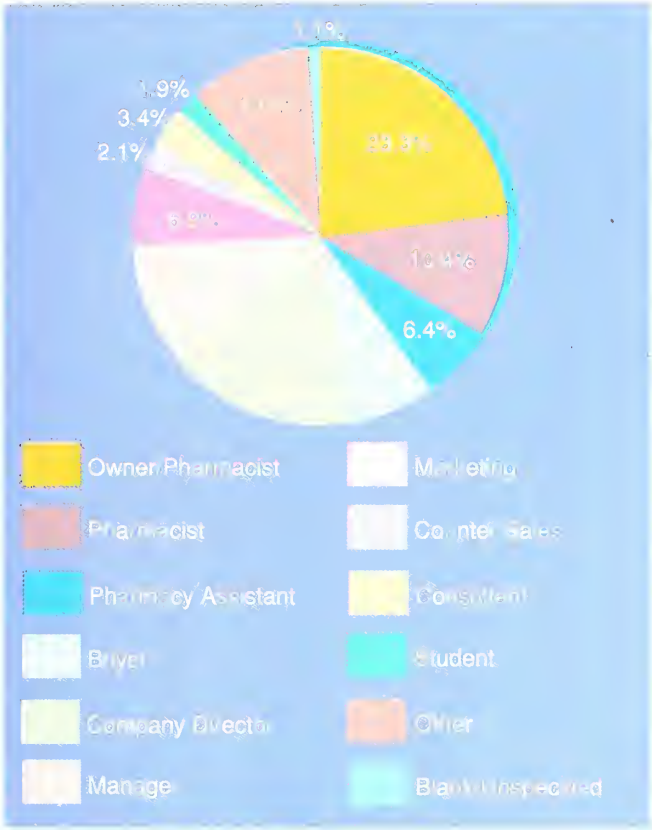
This dedicated area will include its own special symposium theatre which will be provided exclusively for OTC manufacturers to present half hour educational sessions on both days of the show.

This will be in addition to an extensive two-day programme in the main seminar theatre, which



Over 88 per cent of visitors to Chemex '97 have said they will be back again this year, endorsing the show's value as a place to do business

ty pharmacy comes alive



Pharmacists make up the majority of Chemex visitors, but other groups are well represented. A substantial number of visitors are from overseas

is being expanded and improved this year with improved audio visual facilities.

This year's show will be supported by The National Pharmaceutical Association, which views the exhibition as "one of the best opportunities it has every year to meet its members face to face".

Featuring NPA promoted suppliers, the NPA Village will give members an opportunity to see many traditional and innovative business products at first hand. For the first time, the NPA's solicitors, Charles Russell, will be present in the NPA Village.

Premier products

The exhibition will provide a showcase for generics companies like Norton Healthcare and APS Berk.

"Chemex '98 will form an integral part of Norton Healthcare's marketing strategy for 1998 and beyond," says Jon Bruchez, product manager at the company.

He explains: "Our approach to the exhibition will be to open a forum for open and friendly discussion about our customers' requirements and concerns.

"It will also be a good opportunity to build our contacts with visitors from overseas, and we are looking forward to benefiting from their presence again at Chemex '98.

"We intend to make an impact at the exhibition with a very dramatic stand which will be both entertaining and informative. The company will be providing educational seminar support for the first time this year."

Health care information technology companies Practice Resource Systems and Pharmed are seizing the chance to use Chemex '98 to help pharmacists make important IT decisions.

According to Andrew Burr, director of professional services at Practice Resource Systems, 1998 will be a pivotal year for IT in pharmacy. "This year will see many IT changes in pharmacy and Chemex '98 will provide an opportunity for pharmacists to find out what is happening," he says.

Diane Drew, PR & Marketing Executive for Pharmed, which was set up last year and is exhibiting for the first time at Chemex, says: "Chemex is a long established exhibition with a good reputation, and it will provide a good opportunity for us to communicate with as many pharmacists as possible."

> Chemex '98 is likely to be more than twice the size of any comparable event

From the world of finance, exhibitors will include Allied Dunbar and National Westminster Bank's Professions Unit, which was set up two years ago to focus on the professional community. "Pharmacies are a highly valued sector for us," explains Jay Patel, manager of the unit.

Exhibitors are being provided with a detailed marketing and publicity guide to assist in creating visitor awareness of their products and services before, during and after the event.

The exhibition organisers will also help exhibitors with the planning and implementation of their promotional ideas for the event.

Delivering results

According to a survey of visitors to Chemex last year, 25 per cent of them placed orders at the exhibition.

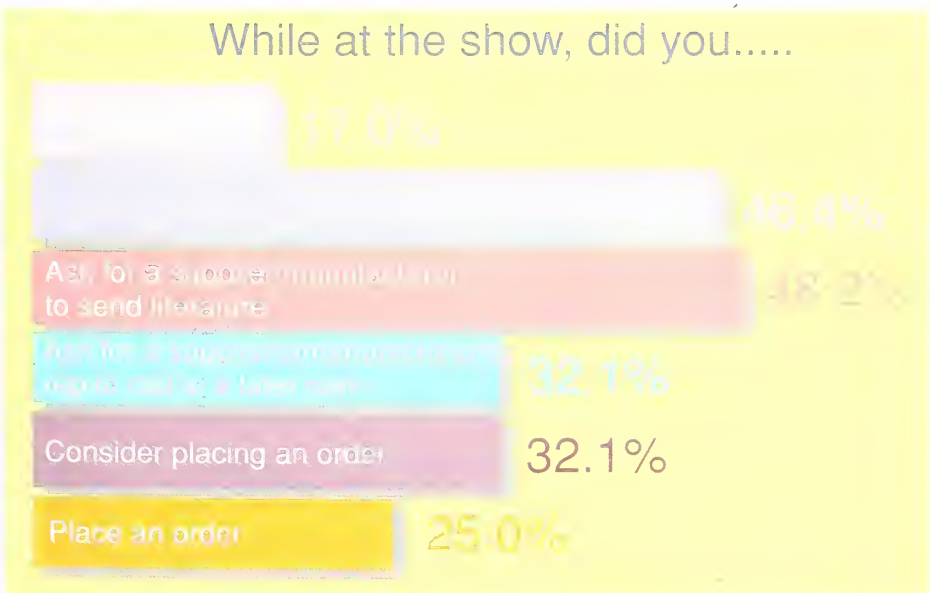
The key reason given for attending the event was a desire to see new products and services. The exhibition's reputation, size and location were all important factors which influenced over two thirds of visitors deciding to attend. Over 88 per cent of those interviewed intend to visit Chemex '98.

Once again, exhibitors at this year's show will be contributing discounts and special offers to a voucher book, which is free to all those pre-registering. This valuable book will allow people to enter prize draws, receive substantial discounts on orders and take home a wide variety of product samples.

Visitors with children will have the opportunity to leave their offspring in a registered 'kid's club' which proved to be extremely successful last year.

"We are currently developing a number of exciting new features for Chemex '98 to ensure that it remains the premier community pharmacy event in the UK," says Emma Faure, Chemex marketing executive. Watch this space!

For more information about stand availability at Chemex '98 contact Ian Gerrard, sales director, on 01732 377633 or Simon Page, sales executive on 01732 377256



Making contact with suppliers and manufacturers is the overwhelming reason that visitors come to Chemex

Hitting his stride

Terry Hannawin is one of the more influential figures in pharmacy politics in Northern Ireland. And he is finding that being secretary to the Pharmaceutical Contractors Committee is more than a full time job...

Ask PCC secretary Terry Hannawin what are the three most pressing problems facing pharmacy contractors in Northern Ireland, and you get an unambiguous answer: "Remuneration, remuneration and remuneration."

"Contractors have been badly treated – it has all been said by people more eloquent than me. Their services have been undervalued and under-remunerated," he says.

Like many others, he is fed up with the great and the good repeatedly praising the value of the service which pharmacists provide. "They pay lip service to issues such as broadening or extending the service, but they are unwilling to match fine words with payment," he says.

PCC's dilemma

The situation poses a dilemma for the PCC. Contractors have been involved in many pilot projects to show they can provide a useful extended service, Mr Hannawin says, "but there has been no prospect up to now of receiving funding to develop or roll out these services".

He is not, he says, in a position to talk about this year's pay round yet. So far there has been little movement. The PCC has indicated to the Department of Health that it wants to start talking as soon as possible.

"We do not want to be faced with the position we had last year, with contractors working for six months of the year without any knowledge of what their remuneration was likely to be," he says.

The PCC will be putting in a bid, he intimates. The submission will include details of how contractors' costs have changed in the last five years. The intention is to convince the DHSS that it needs to address the reduction in relative terms of pharmacists' remuneration.

"We need to be thinking of how we can convince the Department of the tangible benefits to the Health Service of the extended service that pharmacists currently provide," says Mr Hannawin.

Officials in Northern Ireland are restrained by the need to maintain parity with England and Wales, and Scotland. The PCC usually settles weeks, rather than months, after PSNC.

"Our officials do act very quickly, and the fact that we are smaller means, perhaps, that we have a better working relationship with them than PSNC have in Whitehall."

Sharing of ideas

Mr Hannawin is enthusiastic about the regular meetings now taking place between PSNC and Scottish Pharmaceutical General Council officers. The sharing of ideas has been useful. It gives the PCC an opportunity to highlight concerns about the knock-on effects that PSNC's actions might have in Northern Ireland.

Not surprisingly, the PCC does have other concerns apart from pay. Chairman Patrick Slevin raised one with department officials at the Committee's annual dinner last month. The PCC has seen the way the new contract regulations have been hijacked on the mainland, and does not want the same thing happening in Northern Ireland.

"Those who make decisions on new contract applications are often not well informed about the spirit of the legislation, which is meant to limit the number of contracts being awarded," worries Mr Hannawin. "We want the Department to provide some informative training for those on pharmacy practice committees and appeal panels."

Lay people do not distinguish between what is 'necessary' and what is 'desirable', he says. Taking a simplistic view means that they encourage a proliferation of contracts where they are not needed. Since the PCC cannot be seen to take sides, it cannot directly influence the outcome of any application.

The underlying concern is that by comparison with the mainland there are too many pharmacies in the Province. So is there a strategy to trim pharmacy numbers? No, says Mr Hannawin. "Our effort is directed at ensuring that the control of entry legislation works as effectively and efficiently as possible."

While England, Wales and Scotland have all had their NHS White Papers in recent months, Northern Ireland is still in limbo. A Green Paper on primary care services is imminent.

"There have been indications that the structures within the NHS in Northern Ireland will be radically changed," he says. "We are hopeful that the Green Paper will highlight a role for community pharmacy in the future.

"I am aware that the White Papers in England and Scotland were perceived to be disappointing. I think that might have been a bit precipitate. There is a lot of flesh to be put on the bones of these documents."

There is, however, a determination by the PCC to seek funding for extended services. That funding must be new money – it must not come from the global sum, he says.

IT's important

Information technology and how it will impact on contractors is another of Mr Hannawin's key concerns. "We need to bring some focus to this important aspect of the future. We need to be in a position to shape developments, because I believe this area will be critically important for our future," he says.

The PCC is involved in a project which is "limited in scope at the minute, but which is significant". Sponsored by the Northern Board and the Central Services Agency, the aim is to show that prescription data can be transmitted from pharmacies for pricing purposes.

Pilot sites have been identified, but the efforts of the project board are hamstrung by tight budgetary constraints. It is in areas such as this that contractors need to be involved from the beginning, says Mr Hannawin.

He is emphatic that no one player should have ownership of any solution that is adopted. "I'm thinking of companies like PRS and Pharmed," he says. "I would like to see the NPA play more of a role in this whole area."

Changing perceptions

Another strand in the PCC's plans is to change perceptions both among the public and pharmacists of the service that they provide. Not only has the government undervalued the pharmacy service, but so has the public, who perceives it as free of charge, argues Mr Hannawin.

"When people go into their local pharmacy they feel they should not be charged for their medicines. This is also true of pharmacists, who feel almost guilty about charging customers for the drugs they provide."

Mr Hannawin is also keenly aware that it is, as he puts it, difficult to make an omelette without breaking eggs. "We have to make sure that contractors understand that any change, which is beneficial to the majority, is likely to carry a disadvantage for a minority," he says.

He is thinking here of the smaller contractors. "The PCC has to ensure an adequate spread of pharmaceutical services across the Province. In some rural areas we have to afford

Continued on P24 ▶

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A taste for pharmacy politics

"It's true to say I didn't need to take the job," says Terry Hannawin. But he admits that since 1987, when he was elected to the Pharmaceutical Contractors Committee, he has acquired a taste for pharmacy politics.

When he became aware last year that his long-standing predecessor, Thos O'Rourke, was standing down, and a full time post was on offer to his successor, it did not take much to persuade him to apply. He was appointed on September 1, 1997.

Mr O'Rourke, though, is still much in evidence, and much appreciated. "I have been fortunate that Thos has been able to provide me with help and advice during my settling in period. His vast experience has been very important to me, says Mr Hannawin.

He emphasises that he has not severed his links with the family business in Ballynahinch. He took it over from his father in 1971 after three years of working 'over the water' in Bedfordshire.

His son now manages the business, although he still puts in time at weekends and in the evenings. "It is important that I do not become remote from the problems faced by contractors," he muses.

The PCC is far from being Terry Hannawin's only political base. He has been a member of the Pharmaceutical Society's Council since 1987 and its president during 1995-96. He is also a past president of the Ulster Chemists' Association and has been a member of its executive since 1981.

With Thos O'Rourke's retirement, the UCA seat on the National Pharmaceutical Association board has fallen vacant, and for the first time in decades there is to be an election. Mr Hannawin is standing against Sheelagh Hillan. He makes no secret of his ambition to win the post. Since he is in the office full-time, he is well placed to respond to members' problems, he argues.

◀ *Continued from P22*

some small contractors a degree of protection because they are part of the fabric of their local community. On the other hand, we have to dissuade people from opening pharmacies where there is no need."

Rural dispensing by doctors is another area where PCC is doing a balancing act. The problem is microscopic compared to that in England and Wales: there are only 60,000 GP dispensing patients spread across 19 practices.

There is no Clothier agreement, and GPs have to be invited to dispense by the health board on the basis of necessity. Even so, the PCC wants to deal with the issue before it mushrooms.

Rural dispensing

In 1996 the rural dispensing limit was extended to 5km, and health boards are now working towards transferring patients. Although the Committee is concerned about the protracted time scale, it is anxious that the process is carried through smoothly.

Mr Hannawin is keen to see the back of doctor dispensing, if only because it makes it difficult for pharmacists to develop relationships with GPs.

"Any strategy we develop has to impress purchasers of services and government. If we can show we are able to improve services to patients, and can contribute to health gain, then we are likely to be of interest," he says.

Contractors also have to recognise the profession's own agenda, the Pharmaceutical Society's 'Vision 2020'. "A useful and valuable document. It is very far-sighted and has quite a number of good ideas," says Mr Hannawin.

Health promotion is one idea he is keen on. "We have the skills, the resources, and the access to customers to make an impact right across the Province," he enthuses. "It also fits in with government plans to encourage people to take more responsibility for their own health."

The PCC sees pharmacies, particularly those in remote areas or deprived city centres, as being places that could become healthy living centres. "We will be trying to persuade officials in Northern Ireland that they should seriously consider the option . . it is a practical proposition."

For Terry Hannawin, that is the essence of the job. Turning the theory of policy into something practical, that pharmacists can successfully deliver. And at the end of the day it's down to resources. "That should go down in heavy print at the start. It is the significant factor."

LETTERS

Time to move on from the Puxon Report

I wish to disagree with Nicholas Wood (Letters *C&D* March 14) with his view that the Society's Council, having funded and received the Puxon Report, should then have refused to allow its findings to be published.

I, too, was one of those to whom the report was 'leaked'. I do not know who decided I should receive a copy, but the clear intention was that I, or one of the others to whom the report was sent, should 'leak' the report onward.

This I have not done and will not do. It was wrong of Andrew Burr to name those of us in receipt of copies as this information was passed to him in confidence. It was also passed to the RPSGB. I personally have not been asked to return my copy.

It is my belief that the report poses more questions than it answers. It is also my belief that the report should have been published. That it has not been does no credit to the Society and many of the players in this saga of intrigue. It would appear there is right and wrong on both sides.

The report should have been published when presented. That it was not is regrettable, but a significant time has passed, and I feel that now is the time to concentrate on other matters.

David Kent
Secretary, London Central Pharmaceutical Executive

More clarity needed with Society appointments

You will be well aware of my personal standpoint with regard to Boots the Chemist, in that for a long time I have felt that the Royal Pharmaceutical Society appears to have one approach when it comes to Boots and a different one for anyone else.

Recently an announcement was made that Ian Shepherd is to be employed by the Society to take charge of information technology development and policy. On the face of it, this would be seem to be a positive move.

However, it transpires that Mr Shepherd is actually a Boots employee on secondment to the Society. Why was this not brought to the attention of the membership? Why deliberately mislead? Are we now led to believe that this was an innocent oversight?

For me, the discovery of this harsh truth about IT in Lambeth was the last straw. This situation must be challenged, and the time has come for someone to say 'enough is enough'.

Having instigated a Statutory Committee hearing against Boots, only to see a dissenting view from the chairman published, and having also attended the Society's annual meeting to voice my concern about Boots, only to have the debate stifled, what options am I left with?

Sultan Dajani
Durrington

Pharmacist David Evans (right) of Vetmedic Pharmacy in Heanor, Derbyshire, is pictured counselling a pet owner at Vetmedic's stand at Crufts earlier this month (*C&D* March 7, p30). Although the appearance of a pharmacy stand at the event surprised both public and veterinary product manufacturers alike, it was well received and the company plans to return next year. The pharmacy team of Robert McDonald, Brian Spencer, and David, Andrew and Anita Evans were able to promote pharmacy's role in pet care in interviews with the radio station Trent FM and a local newspaper, the *Ilkeston Advertiser*

Make your nostrums pay

When a pharmacy stocks exclusive products for a rich, local population, there is no excuse for a modest counter trade. As John Kerry reports, it's time for self-promotion

Mrs L's pharmacy sits in the centre of this carefully preserved village, which often graces 'Beautiful Britain' calendars. Much of the architecture is 17th and 18th century rustic stone and handmade red bricks. With a population of 5,000 there's a good living for a pharmacy dispensing the scripts generated by the two full-time and one part-time GP.

There are, however, two pharmacies in the single main street. Neither of them are able to base their business entirely on NHS dispensing. At one end of the high street is the ubiquitous multiple pharmacy, with its large window and modern fascia sign, entirely out of keeping with the character of the village.

About 150 yards away is Mrs L's outlet, almost unrecognisable as a shop from the exterior. The 300-year-old property that accommodates the business looks very much like it must have done in Queen Victoria's day. Small windows and discreet painted signs help to ensure that this listed building does not spoil the appearance of the picturesque village centre.

One of the shops is only ten years old, the other is a long established pharmacy. Oddly, Mrs L's outlet is the newcomer. It used to be a derelict hardware shop, which she bought when the local GPs moved to a new health centre.

Inside, her pharmacy sports low, oak beamed ceilings that are supported by ancient black upright timbers. The shape is a planner's nightmare, but somehow Mrs L has created a wonderful little shop – clean, colourful and full of surprises.

This business is not the poor relation of the modern multiple. Although its turnover of £350,000 is modest and the 2,000 prescriptions per month are nothing to shout about, Mrs L is quite sure that she has more scripts and more cash sales than the other pharmacy. All the evidence supports this, and one can only wonder how long the multiple will continue trading.

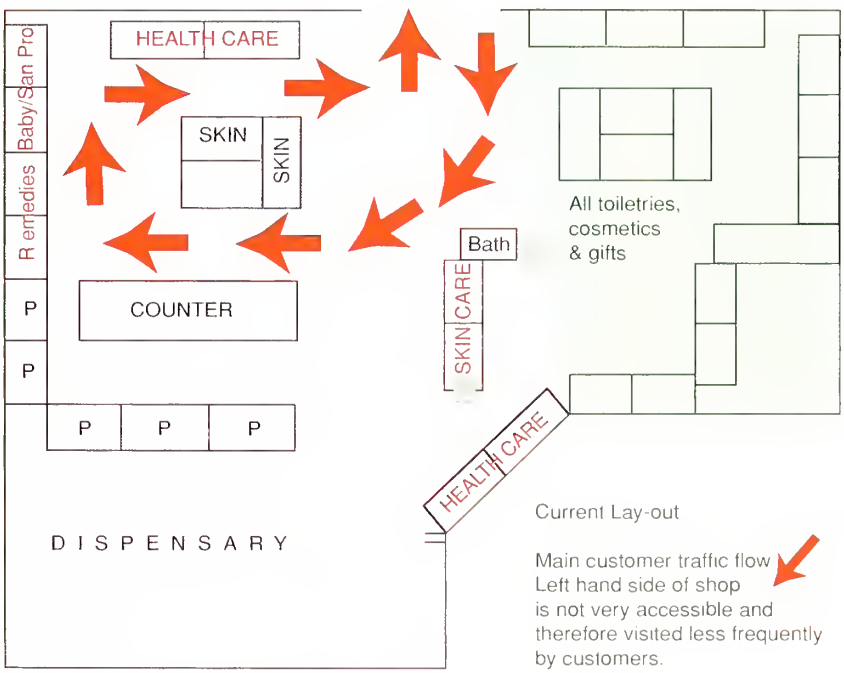
A number of factors explain why the two pharmacies have managed to trade profitably for ten years in such a small village. Importantly, they have not relied too much on dispensing – their counter trade, until recently, has enjoyed a healthy turnover.

Mrs L has, quite rightly, given up the big brand toiletry and hair care trade, and concentrated on specialist toiletries. The well-heeled population, a large proportion of whom are retired, have more cash and more time to spend it and, as you would expect, are looking for something different.

Mrs L fills her shelves with exclusive soaps and hair products, has large stocks of gifts and coffrets – many of which are packed on the premises. She has created a speciality department in vitamins, supplements and remedies. Most of the vitamins are natural; there's even her own label range of vitamins and supplements.

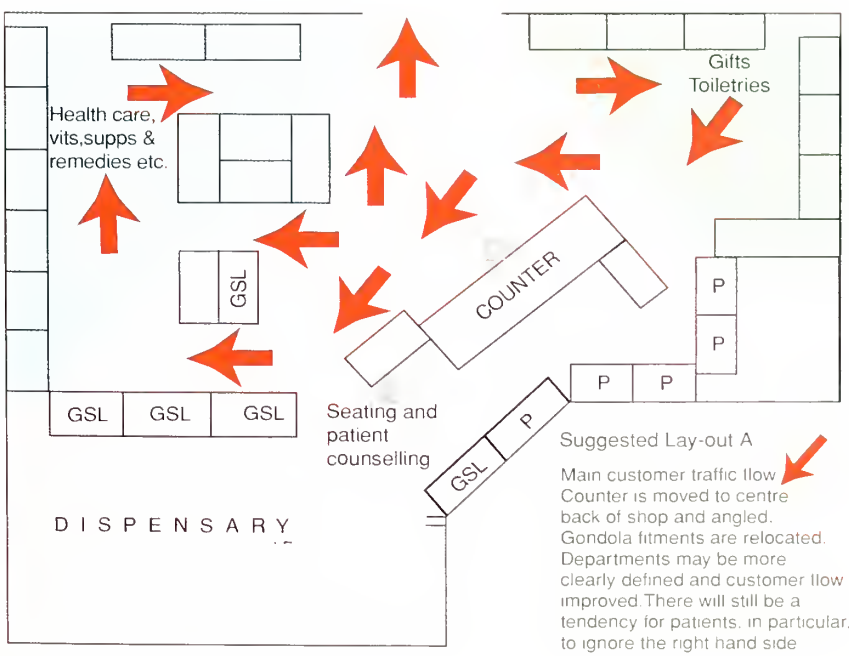
Aromatherapy and natural oils are big sellers here, together with natural cosmetics. The main thrust of the retail trade is environmentally friendly and it has a good following in the village. Even the baby food section has vegetarian meals only and does not stock any of the big brand names.

Don't form the impression that this business has been established on strong green principles – it hasn't. If Mrs L could sell 30 cases of major brand toothpastes, hairsprays and shampoos



Current Lay-out

Main customer traffic flow
Left hand side of shop is not very accessible and therefore visited less frequently by customers.



Suggested Lay-out A

Main customer traffic flow
Counter is moved to centre back of shop and angled. Gondola fitments are relocated. Departments may be more clearly defined and customer flow improved. There will still be a tendency for patients, in particular, to ignore the right hand side

Business type	Sole Trader
Location	Small village main street, central
Building	Double fronted – period structure
Opposition	Multiple pharmacy 150 yds away

Continued on P26 ▶

◀ Continued from P25

every week she would. Demand for these lines has long gone, of course, and despite the age and wealth of the population, they – like nearly everybody else – drive to the supermarket once a week, where the toiletries are bought along with the dog food.

Mrs L's specialities have, therefore, been developed over the years to replace lost sales of proprietary brands. She has done the job well and has a good local following for them.

The biggest blow to the two pharmacies' business came three years ago when the supermarket, some three miles away, installed an in-store pharmacy. Dispensing hasn't suffered – it rarely does in a situation like this – but their counter trade has taken a big knock. A few years ago, this shop's NHS/counter split was 50/50, now it's 65/35.

Counter medicines, baby care and the remaining toiletries suffer the most. Despite Mrs L's efforts to replace lost sales with new ranges, her counter sales continue to fall and this is her main cause for concern.

This pharmacy has a number of restrictions affecting its growth and prosperity:

1 It's a small village with a static, mostly retired population
2 The growing popularity of the supermarket pharmacy
3 A long established opposition pharmacy in the village
4 The shop is small and cannot be enlarged
5 Its exterior cannot be altered
6 Parking is limited and not permitted outside the shop.

In its favour are the following:

1 It's close to the GPs
2 Mrs L is a local, is well known and respected
3 Her pharmacy has a bigger turnover than the opposition
4 The business has established some strong speciality markets.

Certain opportunities for expansion of the counter business are apparent:

- its new specialities are only known to the present customer base
- Mrs L's opposition must be suffering in a similar way and, with a lower turnover, is in danger of going out of business
- the layout of this awkwardly shaped shop could be modified to improve customer traffic flow and sales.

Recommendations

Mrs L cannot wait for the other pharmacy either to be bought or to close. She needs to build on her own business strengths.

Her customers, or rather those who take the time and trouble to browse around, are aware of the excellent ranges of natural health care, natural cosmetic and gift products that are stocked. This is evidenced by the substantial, and growing, following these lines have.

These specialities, however, are bought by only the small group who have found them. In this village and all of the villages within a ten mile radius, there are potential customers.

To reach these, Mrs L will need to embark on a concentrated promotional campaign. One-off advertisements or leaflet drops will not do the trick and a sustained effort is necessary.

Local newspaper advertising can be expensive but effective. One or two ads per month for a six month period is suggested.

Demonstrations, employing manufacturers' expertise and financial support, should prove useful in this village and others in the vicinity. They could be advertised in the local press, through leaflets or even small posters.

In-store demonstrations should be widely advertised, employing a specialist consultant on one day a week. Leaflet drops, one village at a time – not only advertising the specialities but coupled with a promotional offer – should be made.

Small advertisements in the glossy county press can work wonders. What Mrs L has developed in her pharmacy is an extensive range of natural vitamins, remedies and organic health products. Few pharmacies in the county will have such a range – a unique selling point well worth advertising.

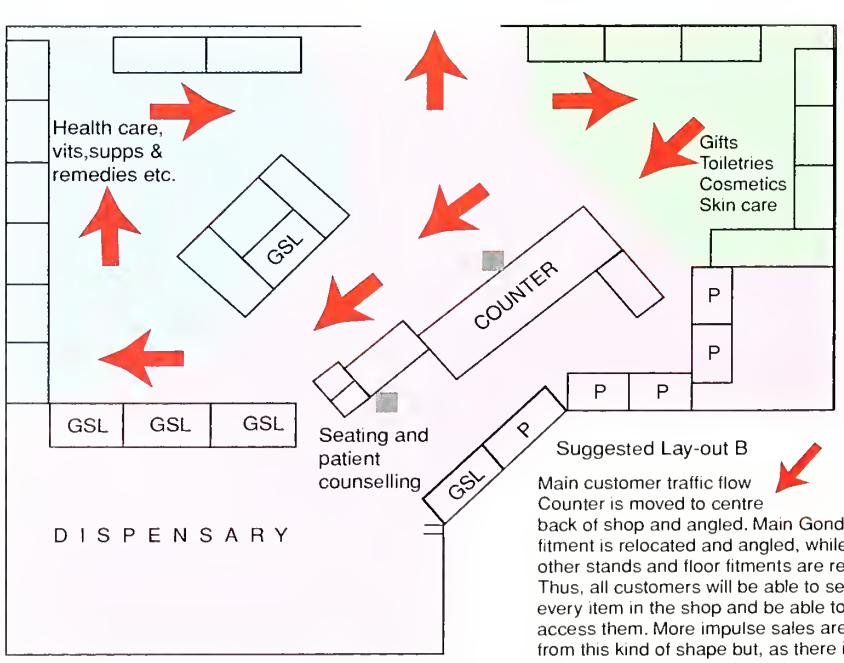
From the entrance, most customers are drawn to the right hand side, towards the prescription counter. The left hand side of the shop, which is well stocked with gifts, specialist beauty products, cosmetics and impulse lines, is not in the main customer traffic flow.

By relocating the counter to the centre of the shop, bridging both sides at a 45 degree angle, this problem may largely be overcome. Traffic flow around the shop should improve and a more workable department layout may be planned.

Given the location, population size and other restrictions on the business, it is doubtful that anyone could have done a better job than Mrs L. This is a delightful shop, where customers and patients alike get a lot of personal attention. The business needs more customers over the threshold, to replace conventional pharmacy sales lost to the supermarket, and it is equipped and stocked to cater for them.

Trading profit and loss account

Year ended June 30, 1997	1997	1996
	£	£
Sales	345,891	328,662
Cost of sales	(269,833)	(255,200)
Gross profit	**76,048**	**73,462**
Less: overhead expenses		
Wages	13,899	13,060
Training costs	90	187
Rent and rates	14,654	13,694
Insurance	542	473
Light and heat	879	782
Repairs and renewals	344	753
Technical journals	–	115
Printing, postage and stationery	396	741
Advertising	131	104
Telephone	624	130
Computer running costs	1,056	850
Motor expenses	1,393	2,895
Entertaining	264	–
Professional fees	244	569
Accountancy	650	950
Bank charges	1,704	1,974
Sundry expenses	517	780
Charitable donations	80	–
Professional subscriptions	574	514
Depreciation on plant and machinery	4,666	2,072
Depreciation on fixtures and fittings	329	2,382
Interest received on rates refund	–	(134)
Profit on disposal of tangibles	(4,451)	–
Hire purchase interest	453	–
	39,038	**42,891**
Net profit	**37,010**	**30,571**



Suggested Lay-out B

Main customer traffic flow
Counter is moved to centre back of shop and angled. Main Gondola fitment is relocated and angled, while other stands and floor fitments are removed. Thus, all customers will be able to see every item in the shop and be able to access them. More impulse sales are likely from this kind of shape but, as there is less fitment space, less stock can be merchandised. This may be a sacrifice that Mrs L will be reluctant to make.

'2,000 pharmacies at risk from wholesale discount cut'

More than 2,000 pharmacies could close because of a Treasury proposal to cut the wholesale discount rate from 12.5 per cent to 8 per cent, according to the British Association of Pharmaceutical Wholesalers.

Under the Pharmaceutical Price Regulation Scheme, manufacturers sell their drugs to wholesalers at 12.5 per cent below the NHS list price. The BAPW is angry that the Treasury has proposed to cut this discount rate without consulting it first. It says the Treasury is clearly not aware of the implications.

Jeff Harris, BAPW's chairman, told guests at its annual dinner on Tuesday that the potential impact on pharmacists would be far worse than the abolition of resale price maintenance (RPM).

They would suffer because wholesalers would have to cut the discounts they offer. Wholesalers pass on 8.1 per cent of the 12.5 per cent discount to pharmacies – they keep the remainder to run the business and make a profit.

As wholesalers are already as lean as they can be – they have cut costs to compensate for the sluggish market, an increase in generics and grey market competition – a discount reduction leaves little room for manoeuvre.

"Today, net operating margins are at an industry average of below 2 per cent. That leaves us nowhere to hide," says Mr Harris.

The problem, he adds, is complicated by the fact that a "significant proportion" of wholesale products do not carry discounts. These include Controlled Drugs and fridge lines. And a number of customers, such as second line accounts and very small pharmacies, are not offered discounts.

"To stand still on profitability, wholesalers would have to reduce their discounts to pharmacies by a greater amount than any cut in discount to them," he says.

BAPW's chairman Jeff Harris

None of the wholesalers could afford to absorb a discount cut and they would react by cutting pharmacy discounts within days.

Pharmacies would also face a worse wholesale service because the lower discount would force wholesalers to scrabble for more business. The current discount, he says, has polarised wholesale trade, which means most pharmacies use two wholesalers.

"With less discount comes less polarisation, more wholesalers calling, less full vans and increased delivery costs. This cycle must end in poorer service or poorer terms for pharmacy," he says. That pattern is already evident in Italy, where discounts have never been used to polarise pharmacy trading.

Pharmacies would indirectly bear the cost of poorer wholesale service by either increasing their stocks, or holding a wider range of slow moving medicines. "Or the patient would have to be educated to accept a longer wait before receiving the prescription medicine," he says.

Faced with a lower discount, pharmacies would seek the best offers by trading more with shortliners "who can still trap the very significant margins available in the grey market". Shortliners' trade has doubled over the past two years and could grow again, he adds.

Full line wholesalers would also face pressure from pharmacists who join buying groups to get the best discounts. The full-line wholesale service, where the revenue from the top 12 per cent of products subsides its service on slow moving products, would crumble. "We will find it very hard to recover profitability on the fast moving products; we will be bound to worsen terms on the slow moving medicines," he says.

Some of the slowest moving, low priced products could be levied delivery surcharges to meet the wholesalers' warehousing and delivery costs. "Even this is preferable to BAPW members eliminating these prescription medicines from their warehouses altogether," he says.

Wholesalers would also have to introduce charges for servicing pharmacies located far away. "It is likely that the offer of discount will be withdrawn from those pharmacies in outlying or inaccessible areas.

"Again, this will be a problem for the Department to sort out rather than the wholesalers, but the worry will be for the pharmacies while the resolution is found."

If the cut does go ahead, wholesalers must be given transitional arrangements to protect them from losing the value of some of their inventories.

If they are not, "there will be chaos in the market as we all run our stocks down. Even then, there will be a large cost to us on the vast tail of very slow moving stock, all of which will devalue", says Mr Harris.

Wholesalers would find it difficult to collect trading debts on time – pharmacists currently risk losing their discounts if they do not pay for stock within 30 days.

"There may be some hidden agenda to reduce pharmacy numbers, but this should not be achieved in this uncontrolled, random way," he says.

Mr Harris stresses he is not asking the government to leave the PPRS alone. Many BAPW members, he says, recognise the system's shortcomings and some feel it needs to be changed.

John Thompson, head of pharmacy and prescribing at the DoH, told BAPW's guests that although the DoH wants the NHS to give value for money, it still supports the pharmaceutical industry.

BAPW says the Treasury's proposal is based on several myths:

- **12.5 per cent gives wholesalers too much profit.** After passing on 8.1 per cent to pharmacies, wholesalers are left with a net margin of 4.4 per cent. BAPW says this is the lowest margin in Europe and leaves wholesalers with the lowest profits too.
- **The cut will save taxpayers' money.** BAPW says wholesalers will have to cut discount to pharmacies,so their clawback will fall.
- **The cut will be implemented smoothly and consistently, enabling the clawback to be adjusted – pharmacists are left unaffected.** Wholesalers will respond at different times and perhaps in different ways. The Treasury may then not want to accept the full impact of the cut, or it may have difficulty measuring the full economic effect. "The Treasury might wait until the following March for a discount enquiry, causing a long delay before clawback is adjusted. Pharmacists will bear the cost of the lost discount during this delay," says Mr Harris.

Numark 'core range' enters Phase II

Numark has begun Phase II of its core range programme, which aims to ensure its members are stocking the right products by giving information about the best performers.

In Phase I last summer, the buying group highlighted 1,000 top and 1,000 bottom lines.

The next phase involves information about the top 3,000 brands. This stems from EPoS data and is analysed by a specialist on behalf of Numark, which passes on the details free to its shareholders.

Phase II also includes space allocation guides – for shelves – and advice on where to place product groups within the store.

Numark members will receive five core range documents, split by category, during the year. The first focuses on personal care lines that range from hair care to dental care.

Mike Johnson, Numark's retail services manager, says: "If every Numark pharmacy were to incorporate the stocking guidelines in our core range programme, our collective turnover would rise to at least £1m per month."

Carter-Wallace buys Femfresh brand

Carter-Wallace has acquired Femfresh, the intimate feminine freshness brand, from Boots Healthcare International for an undisclosed sum.

BHI has sold the brand to concentrate on its core categories: analgesics, upper respiratory and dermatological skin care.

Femfresh is CW's second acquisition in as many weeks – it recently acquired the Anne French skin care range. CW's established lines include Arrid Extra Dry and First Response, its ovulation prediction kit.

David Thompson, CW's marketing director, denies the company has embarked on a buying spree for brands. "We started looking at both brands about a year ago, it's just a coincidence that both acquisitions have been wrapped up at about the same time," he says.

Femfresh has a 60 per cent share of the £4m intimate feminine freshness market.

AAH/Lloyds profits reach £46.5m

AAH/Lloyds Pharmacy's profits topped DM141m (£46.5m) for the year to December 1997.

This is Lloyds' first financial year within Gehe. AAH/Lloyds accounted for 30 per cent of Gehe's pre-tax profits, which rose 16 per cent to DM472.3m on a turnover of DM25bn – up nearly 17 per cent.

Interest from the acquisitions of AAH and Lloyds Chemists cost Gehe DM150m.

Gehe's performance, boosted by its UK arm, exceeded its expectations. Dr Karl-Gerhard Eick, the group's finance director, says: "We're very proud of our UK management team – they're doing an excellent job."

Gehe's earnings per share, meanwhile, rose 11.5 per cent to DM4.18. Its workforce, reflecting the surge of Lloyds employees, grew 49 per cent to 23,755 during the period.

Investigators to meet suspended director

Investigators hired by British Biotech are poised to ask Dr Andrew Millar, the suspended director, to answer questions about his conduct.

BB suspended Dr Millar, director of clinical research, on March 11 because he allegedly breached its policy by discussing confidential matters with outsiders. Its shares subsequently fell $0.155 to $0.70.

The company has hired an "external third party" to investigate Dr Millar's conduct. BB refuses to confirm whether he has been approached.

Reports suggest Dr Millar has been unhappy at BB since January, when the company appointed Dr Peder Jenson as development director and chief medical officer. According to one report, Dr Millar had applied for the post, although he rejects the claim in *The Times*.

Budget boost for small firms

Small businesses have been given a helping hand in this week's budget.

Gordon Brown, Chancellor of the Exchequer, has decided to cut small companies' rate of tax by one percentage point to 20 per cent from April next year.

And their long term capital gains tax has been cut from 40 per cent to 10 per cent to boost long term capital investment.

Small firms' first year capital allowance, meanwhile, remains at 40 per cent to encourage short term investment.

The Chancellor will also reduce Advanced Corporation Tax (ACT) from 31 per cent to 30 per cent next Spring. He says the cut means companies will pay £1.5bn less a year in corporation taxes. The new rate will not be raised during the term of Parliament. ACT will eventually be abolished and replaced with a new system.

Small and medium-sized companies will no longer have to pay their corporation tax in instalments, which should improve their cash flow, according to the Chancellor.

Capital gains tax on business assets has also been cut. It now ranges from 40 per cent – on gains realised before three years – to 24 per cent on assets held for 10 years. The long term tax has been cut from 40 per cent to 10 per cent.

Those selling small businesses will be taxed at a lower rate that depends on how long they have owned the businesses – the minimum rate is 10 per cent.

However, the Chancellor is phasing out retirement relief, which enabled small business owners over 50 years old to reduce tax on up to £1m of gains.

For the first time, he adds, the Inland Revenue will help small businesses to set up a payroll system.

In a bid to encourage companies to hire more workers, those who pay weekly wages less than £81 will not have to pay National Insurance. Mr Brown says about one million of the UK's lowest paid workers will be exempt from NI tax. Wages exceeding £81 are levied NI of 12.2 per cent.

Every employee, meanwhile, will pay £1.28 less per week on NI from April next year.

Small pharmacies in rural communities may indirectly benefit from a decision to set up a £50m a year rural bus fund. Mr Brown says the fund, open to bus companies, will help restore routes that were closed during the previous Conservative government. The local mobility of the population should improve as a result.

Mr Brown is giving the NHS an extra £500m on top of the £1.2bn it will receive in 1998/99. Spending on the NHS will therefore rise 2.3 per cent, in real terms next year, although health specialists say they need a 3 per cent increase to maintain a decent service.

Frank Dobson, the health secretary, says the extra money will be used to reduce waiting lists, although he warns these lists will probably rise for the next two quarters before dropping.

The inheritance tax threshold has been raised £8,000 to £223,000.

Strong pound knocks R & C

Reckitt & Colman has fallen prey to the strong pound – group pre-tax profits fell 9.6 per cent to £302.5m for the year to January 3.

Its turnover fell 5 per cent to £2.197bn.

At constant exchange rates, its pre-tax profits would have risen 7.1 per cent to £339m.

Reckitt & Colman was also affected by the divestment of some non-core brands in Europe, which led to a non-operating loss of £11.6m. This was partly offset by the sale of a loan note related to the sale of the Personal Products business in 1996.

The group is reportedly aiming for an annual sales growth of 7.5 per cent and earnings growth of more than 10 per cent.

Its pharmaceutical turnover, backed by strong sales of analgesics and cold/flu brands, rose 2.3 per cent to £261m. UK sales of Lemsip, for example, grew by 13 per cent.

Global sales of Dettol rose 11.6 per cent, while sales of R&C's gastrointestinal products: Gaviscon, Fybogel and Senokot, grew 3.7 per cent.

R&C's surface care sales rose 6.3 per cent. An advertising campaign for Dettox, the antibacterial range, pushed its UK sales up by 21.1 per cent.

UK drug sales reach $7.702bn

UK pharmacies' drug sales rose 7 per cent to $7.702bn last year – one of Europe's best performances, according to IMS' drug monitor.

Spanish pharmacies were top of the performance league – their sales grew by 10 per cent to $4.872bn. Germany's market, however, remains relatively flat with sales up 2 per cent to $14.709 bn. Sales in France rose 4 per cent to $13.704 bn.

UK sales were buoyed by cardiovascular drugs, whose sales rose 11 per cent to $1.494bn, and by central nervous system brands, which grew 16 per cent to $1.270bn. Respiratory drug sales, meanwhile, rose 6 per cent to $1.124bn.

COMING EVENTS

MONDAY, MARCH 23

Derby Branch, RPSGB
Postgraduate Education Centre, Kingsway Hospital, Kingsway, Derby, 7.30 for 8pm. 'Giving practice advice', by Fiona Williamson.

NICPPET
Evening course in Londonderry – 'Women's Health'.

TUESDAY, MARCH 24

NICPPET
Evening course in Bushmills – 'Pain Control'.

NICPPET
Evening course in Enniskillen – 'Seasonal disorders'.

Hertford Branch, RPSGB
Glaxo Wellcome, Stevenage, 7.30 for 8pm. 'Skin Cancer', by Dr C Green, consultant dermatologist.

Leicestershire Branch, RPSGB
Clinical Education Centre, Leicester Royal Infirmary, 7.30 for 8pm. 'Aromatherapy', by Geoff and Sue Lyth.

Northern Scottish Branch, RPSGB
Craigmonie Hotel (lounge bar), Annfield Road, Inverness, 8pm. 'Discussion of motion for branch representatives' meeting'.

WEDNESDAY, MARCH 25

NICPPET
The Queen's University, Belfast, 1-9pm. 'Pharmacy practice research symposium'.

Xenova Group plans to raise more money

Xenova Group is looking at raising more money because its cash reserves are scheduled to run out in about 12 months time.

At the end of its financial year to December, the group's cash pile was worth £15.2 million and it is spending about £1m per month.

One option is to sign new research deals – the group already has deals with various major companies, such as Warner-Lambert, Zeneca and Bristol-Myers Squibb.

Eli Lilly recently signed a $35m agreement to work on Xenova's PAI-1 inhibitors, which could lead to the development of antithrombotic drugs.

The news comes as Dr Louis Nisbet, Xenova's chief executive, unexpectedly quit his post to pursue other business interests. He has been replaced by David Oxlade, formerly chief executive of Xenova Discovery, a subsidiary.

The group, meanwhile, nearly doubled its pre-tax loss to £13.4m for the year to December, compared with the same period in 1996.

Its research and development expenditure grew 57 per cent to £12.9m.

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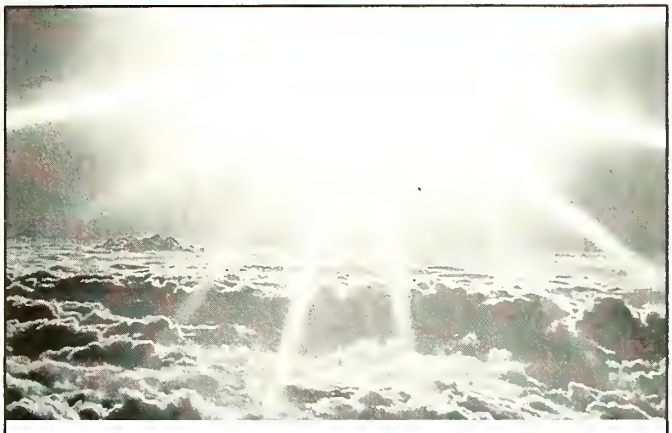

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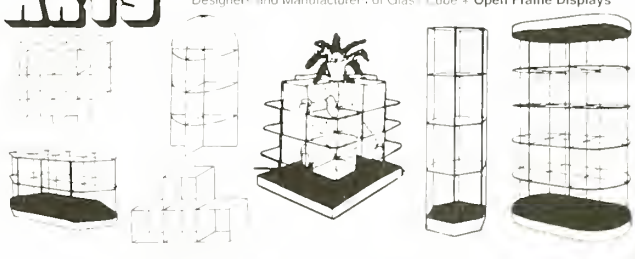

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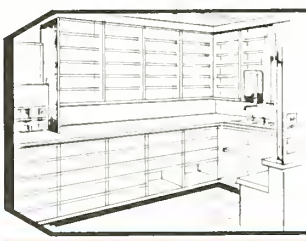

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ABOUTpeople

Pharmacy's 'No Smoking Day' winner

Pharmacist Tariq Mahmood from MIM Pharmacy in Romford, Essex, is the winner of the 1998 'No Smoking Day' pharmacy award scheme.

Mr Mahmood, who was presented with a £100 gift voucher last Friday, arranged for his local Labour MP, Eileen Gordon, to visit his pharmacy on No Smoking Day (March 11).

He also had a 'No Smoking' quiz with prizes and a children's poster competition, and he provided a free carbon monoxide measuring service for customers.

The smoking-related quiz raised over £400 for the Imperial Cancer Research Fund while the poster competition for children generated over 40 entries.

Mr Mahmood, an ex-smoker, gave up smoking ten years ago because of his family. He is in the final year of a distance learning MSc with the Queen's University of Belfast, and is determining the effectiveness of pharmacy-based smoking cessation services as part of his studies.

Tariq has had little problem handling the limelight that followed his success – he is the public relations officer for the Royal Pharmaceutical Society's Barking & Havering Branch.

No Smoking Day campaign director, Julie Buckler, commended Mr Mahmood and the ten runners-up who were: Superdrug Pharmacy (Harrow, Middlesex); Powells Family Pharmacy (Smallfield, Surrey); The Pharmacy (Stalham, Norfolk); Tesco Pharmacy (New Malden, Surrey); A M Worfolk (Caterham, Surrey); Borders General Hospital Pharmacy Department (Melrose, Scotland); McKeagneys Chemist (co Down); Regent Pharmacy (London); and Peter Brown (Tyne & Wear).

Alex Campbell of No Smoking Day (middle) and Rubina Mohammed of the Pharmacy Healthcare Scheme (right) present the winner of the 1998 No Smoking Day pharmacy award scheme, Tariq Mahmood, with his prizes

The Association of the British Pharmaceutical Industry was promoting the fact that science is fun, at the 'Technology at Work' exhibition at Imperial College, London, during Science, Engineering and Technology Week (March 13-20). Children from Garth Hill School in Bracknell are pictured experimenting with one of the 'hands on' exhibits

Hadley back in the ring

Pharmaceutical consultant Mike Hadley, who gave his name to computer supplier Hadley Hutt, is the Liberal Democrat's prospective parliamentary candidate for West Worcestershire for the second time.

At last year's general election, he cut the majority of the Conservative MP, Sir Michael Spicer, from 16,151 to 3,846, by campaigning to improve Worcestershire's health service and the state of the county's schools.

Last month, he beat three other candidates in a ballot of the constituency's Lib Dem membership.

His first act as prospective candidate was to attend the Lib Dem health forum at Selly Oak Hospital last month.

"The crisis in the NHS has not gone away – I am determined to ensure that the Labour government takes effective action to rebuild the NHS," he says.

APPOINTMENTS

Gerald Brooks (right), founder of Sants Pharmaceutical Distributors, retires at the end of March and will be succeeded as managing director by **Stephen Smith** (left). Mr Brooks founded Sants in 1972. It became a plc in 1993 before selling its operating subsidiary, Sants Pharmaceutical Distributors, to United Norwest, last July. Mr Smith's earlier career was with Smithkline Beecham, Allied Lyons and Unilever and he became managing director of Valentines Ltd in 1994.

AAH Pharmaceuticals has promoted **Lisa Meadows** to marketing manager. She was formerly a health care business development manager.

Pharmacist **Paul Candlish** has joined Cambridge Laboratories as procurement and production services manager, while **Dr Andrew Duffield MRPharmS** joins as international regulatory consultant and **James Ewart**, as international marketing manager.

Don't dilly-dally on the way!

Pharmacist Shally Suri of Shally's Chemist in Nottingham is following in the footsteps of pharmacist Mike Farrell of Farrell Pharmacy in Swanage, Dorset.

Like Mr Farrell, he has chosen this year's London Marathon on April 26 as his first, and he, too, is a novice athlete (*C&D* February 14, p38).

Mr Suri, who is hoping to raise £2,000 for local charities, is doing his training by the book. He is following the exercise regime in a tome he bought called 'How to run a marathon' and it seems to be working – he ran his first half-marathon distance of 14 miles on March 1. To date, he has been pledged £350 for local charities.

"I'm feeling pretty good, but my knees are beginning to ache a bit. A few months ago, I couldn't have run to the top of my road," says Mr Suri. Friends say he is mad to run his first marathon as a dare.

Mr Suri raised over £500 for charity when he abseiled down the 160ft high tower block at Nottingham University two years ago.

Anyone wishing to sponsor Mr Suri should call: 0115 960 4483.

Origination by Marlin Imaging, 2-4 Powerscroft Road, Sidcup, Kent. Printed by E T Heron & Co Ltd, Colchester Road, Heybridge, Maldon, Essex. Registered at the Post Office as a Newspaper 22/26/248

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